EXHIBIT G

Fw: ***Request to Staff*** LEBARON, PATRICIA, Reg# 60090079, ALI A A

ALI-InmateToRISCoordinator (BOP) <ALI-InmateToRISCoordinator@bop.gov>
Fri 1/6/2023 3:12 PM
To: [redacted]

From: ~^! LEBARON, ~^!PATRICIA <60090079@inmatemessage.com>
Sent: Wednesday, June 8, 2022 2:09 AM
To: ALI-InmateToRISCoordinator (BOP) <ALI-InmateToRISCoordinator@bop.gov>
Subject: ***Request to Staff*** LEBARON, PATRICIA, Reg# 60090079, ALI-A-A

To: Compassionate release
Inmate Work Assignment: Unicor

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.
fe890649-3ca3-44e5-b4c8-4af6e7eca09c
Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

I am asking the director of the BOP to file a motion for compassionate release in my favor due to debilitation health reasons.

1. I suffer from [redacted] since 2010, that last 2 years it has been getting worse.
2. I suffer from [redacted].
3. [redacted]
4 [redacted]. I need non-invasinve surgery with laser that the BOP refuses to do because they want to zipper cut me across my torso from my chest to the bottom of my abdomen, which is not necessary, I would experience pain and it would take longer for me to heal [redacted].
5. I need [redacted] that has been long banned by the food and drug administration. I am in need of medical care that the BOP will not provide for me.

Where I will live:
I will live with my sister Estephania Pappanicolao-Le Baron, her husband Troy and there son [redacted], and with my sister Jennifer Le Baron. At:
[redacted] Austin TX [redacted]

Exhibit G

I willsupportr myself working from home as a customer service representative from California marketing group that is affiliated with Unicor. John Jacobs is the Human Resource Manager, I will be federally bonded through Unicor.
I will obtain health insurance through the market place.
I intend to further my education in Criminal Justice. Living and remaining Crime Free. If the BOP grants me this first chance at freedom in my life I will never disappoint them.

Sincerely,

Patricia LeBaron
BOP NO. 60090-079
June 7, 2022

EXHIBIT H

Colin Powell School for Civic and Global Leadership | The City College of New York

Adeyinka M. Akinsulure-Smith, Ph.D., ABPP
Department of Psychology
North Academic Center, Room 7/120
160 Convent Avenue
New York, NY 10031

TEL: 917-332-8904
FAX: 212.650.5659
aakinsulure-smith@ccny.cuny.edu

Website: https://www.ccny.cuny.edu/profiles/adeyinka-akinsulure-smith-phd-abpp **Updated**: April 2023

Education

Ph.D.	Columbia University, Counseling Psychology, 1997
M.Phil.	Teachers College, Columbia University, 1995
Ed.M.	Teachers College, Columbia University, 1992
MA	Teachers College, Columbia University, 1991
BA	University of Western Ontario, Honors Psychology, 1989

Licensure and Certifications

2022	Temporary Psychologist License, State of Arizona, 8/10-2022-12/31/2022 (PSY-TL-0728)
2022	Temporary License as a Psychologist by Texas State Board, 6/2/2022-6/2/2023 (NTLP-22-0070-17801)
2022	Psychologist Visitor's Permit, Licensed in the State of Oregon, 1/3/2022-1/3/2023 (#810)
2017	Board Certified in Group Psychology
2017	Certified Compassion Fatigue Professional, International Association of Trauma Professionals
2015	Certified Trauma Professional, International Association of Trauma Professionals
2014	Compassion Fatigue Educator, The Green Cross Academy of Traumatology
2000	Eye Movement Desensitization and Reprocessing, Level II
1999	Eye Movement Desensitization and Reprocessing, Level I
1999	Registered Play Therapist – Supervisor, International Association for Play Therapy, Inc.
1998	Psychologist, Licensed in the State of New York (NYS License# 013405)

Awards and Honors

2022	American Board of Professional Psychology Citizen Psychologist for Social Justice Award
2021	Inaugural Jean Lau Chin Award for Outstanding Psychologist in International Leadership Contributions, Division 52, American Psychological Association
2021	Multicultural Equity Initiative Awardee, American Family Therapy Academy
2019	Distinguished CUNY Fellow at the Advanced Research Collaborative
2016	The Dr. Patricia E. Taylor Outstanding Achievement Award, Women's International Leadership Program, International House, New York
2014	Fulbright Scholar, Africa Regional Research Program Award
2010	Community-Based Research Fellow, Colin L. Powell Center for Leadership and Service, The City College of New York
2005	Early Career Award, Teachers College, Columbia University
2003	Union Square Award for Community Organizing, Fund for the City of New York

Academic Appointments

Faculty, Postgraduate Group Psychotherapy Program, Gordon F. Derner School of Psychology, Adelphi University (8/20-present)
Professor of Psychology with Tenure, The City College of New York, The City University of New York, and The Graduate Center, The City University of New York (8/18-present)
Associate Professor of Psychology with Tenure, The City College of New York, The City University of New York, and The Graduate Center, The City University of New York (9/13-7/18)
Assistant Professor of Psychology, The City College of New York, The City University of New York (8/06-8/12)
Assistant Professor of Psychology, Department of Psychiatry (part-time), NYU School of Medicine, NYU Langone Medical Center (7/09-present)
Adjunct Assistant Professor of Counseling and Clinical Psychology, Teachers College, Columbia University (9/97-5/00)

Clinical Appointments

Senior Supervising Psychologist, Bellevue Program for Survivors of Torture (9/99-present)
Psychologist, The Lucy A. Wicks HIV/AIDS Mental Health Clinic, Department of Psychiatry, New York Presbyterian Hospital Center and Columbia University College of Physicians and Surgeons, New York, New York (12/96-12/01)
Psychologist, Department of Psychological Services, Seamen's Society for Children and Families, Staten Island, New York (6/96-9/99)
Psychotherapist, Foster Boarding Home Program and Adoption Services, Central Brooklyn Coordinating Council, Brooklyn, New York (8/96-12/96)
Psychology Intern, Psychology Department, Kings County Hospital Center, Brooklyn, New York (7/95-6/96)

Grants (direct costs only)

External Funding

Akinsulure-Smith, A.M. (Consultant). Youth FORWARD: Alternate Delivery Platforms and Implementation Models for Bringing Evidence-Based Behavioral Interventions to Scale for Youth Facing Adversity in West Africa. National Institute of Mental Health (1U19MH109989-01, 2016-2021, T. Betancourt, PI).

Akinsulure-Smith, A.M. (Principal Investigator). The Impact and Consequences of FGC on Female West African Immigrants. National Institute of Child Health and Human Development (1SC2HD09263, 2016-2022).

Akinsulure-Smith, A.M. (Co-Investigator). A Social Ecological Model of Infant Sleep Environments among Non-Hispanic Black Infants. National Institute of Mental Health (1R15HD010228-01, 2016-2017, T. Chu, PI).

Akinsulure-Smith, A.M. (Co-Investigator). Social Networks of West African Forced Migrants, National Institute of Mental Health (1R15HD079008-01A1, 2014-2016, A. Rasmussen, PI).

Akinsulure-Smith, A.M. (Principal Investigator). Exploring Factors that Hinder and Help Women's Wellness in Post-Conflict Sierra Leone. Fulbright Africa Regional Research Program Award (2014-2015). Did not accomplish due to Ebola Virus disease outbreak.

Akinsulure-Smith, A.M. (Principal Investigator). HIV Knowledge, Risk and Protective Factors among West African Forced Migrants in New York City. National Institute of Mental Health, Research in HIV Intervention: Skills for the Community (R25MH083602, 2008-2012).

Akinsulure-Smith, A.M. (Co-Investigator). An Interdisciplinary Approach to Developing and Testing Evidence-based Mental Health Interventions for War Affected Youth in Sierra Leone. Harvard Catalyst Pilot Grant (2010-2011, T. Betancourt, PI).

Internal Funding

Akinsulure-Smith, A.M. (Principal Investigator). Techniques for Supporting Those Who Serve Survivors of Torture and Refugee Trauma. Professional Staff Congress – City University of New York (64661-00 52, 2021-2022).

Akinsulure-Smith, A.M. (Grantee). Moving from Associate to Full Professor, The City University of New York (2017). A workshop series and funding opportunity for CUNY Associate Professors addressing a broad range of practices that are important for professional success generally and promotion specifically (2017-2018).

Akinsulure-Smith, A.M. (Principal Investigator). The Mental Health Consequences of Refugee Resettlement Work: A Pilot Study of Prevalence and Management Strategies. Professional Staff Congress – City University of New York (69543-00 47, 2016-2017).

Akinsulure-Smith, A.M. (Principal Investigator). AMAUDO ITUMBAUZO – Settlement of Peace: Examining Community Based Psychosocial Services in Sub-Saharan Africa. Professional Staff Congress – City University of New York (66771-00-46, 2015-2016).

Akinsulure-Smith, A.M. (Principal Investigator). The Mental Health Consequences of Refugee Resettlement Work: A Pilot Study of Prevalence and Management Strategies. Health and Human Services, Office of Academic Affairs, City University of New York (2015-2016).

Akinsulure-Smith, A.M. (Principal Investigator). Col Aat: A Piece of Mind Series. Collaborative Research for Social Impact Seed Grant Program. Colin Powell School for Civic and Global Leadership, The City College of New York (2014-2017, $41,016).

Akinsulure-Smith, A.M. (Co-Investigator). Understanding Infant Sleep Environments among African American, African Immigrant and Afro-Caribbean Immigrant City-Dwellers: Towards the Development of Better Safe Sleep Interventions. CUNY Collaborative Incentive Research Grant Program (Project #2154, 2014-2015, $29,925, T. Chu, PI).

Akinsulure-Smith, A.M. (Principal Investigator). Female Genital Cutting and West African Immigrants: Current Attitudes, Beliefs and Practice. Professional Staff Congress – City University of New York (66771-00 44, 2013-2014).

Akinsulure-Smith, A.M. (Principal Investigator). HIV Knowledge, Risk and Protective Factors among West African Forced Migrants in New York City. Professional Staff Congress – City University of New York (64459-0042, 2011-2012).

Akinsulure-Smith, A.M. (Grantee). The Gender Equity Project. A university-wide workshop series and funding opportunity for women junior faculty addressing a broad range of practices that are important for professional success and promotion (2009).

Akinsulure-Smith, A.M. (Principal Investigator). Responding to Vicarious Trauma: A Survey of Torture Treatment Programs in the United States. Professional Staff Congress – City University of New York (61253-0039, 2008-2009).

Akinsulure-Smith, A.M. (Grantee). Fellowship Publication Program. A university-wide initiative assisting full-time untenured faculty in the design and execution of writing projects essential to progress toward tenure (2007-2008).

Akinsulure-Smith, A.M. (Principal Investigator). Emotional Well-Being and African Immigrants in New York City. The Colin Powell Center for Policy Studies Community Based Research Grant, The City College of New York (2000-2002).

Manuscripts (in progress)

56. **Akinsulure-Smith, A.M.**, Espinosa, A., Wong, T., & Min, M. *OUR Bodies and OUR minds: Exploring the West African Immigrant Women's Experience.*

55. Freeman, J.A., Farrar, J., Su, S., Desrosiers, A., Feika, M., Hansen, N., **Akinsulure-Smith, A.M.,** Bangura, J., & Betancourt, T.S. *Effectiveness of Integrating a Transdiagnostic Group Mental Health Intervention for Youth Facing Adversity into Entrepreneurship Programs Using a Collaborative Team Approach: A Hybrid Type II Effectiveness-Implementation Cluster Randomized Trial in Post-Conflict Sierra Leone.*

Manuscripts (under review)

54. Bond, L., Farrar, J., Desrosiers, A., Aarons, G.A., **Akinsulure-Smith, A.M.,** Borg, R., Klein, E.K., Tutlam, N., & Betancourt, T.S. *Using the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework to Guide the Implementation of the Youth Readiness Intervention as Integrated into an Entrepreneurship Program in Sierra Leone: A Case Study.*

53. Freeman, J.A., Desrosiers, A., Schafer, C., Farrar, J., **Akinsulure-Smith, A.M.,** & Betancourt, T.S. *The Adaptation of a Youth Mental Health Intervention to a Peer Delivery Model Utilizing CBPR Methods and the ADAPT ITT Framework in Sierra Leone.*

52. Abdi, S., **Akinsulure-Smith, A.M.**, Sarkadi, A., Fazel, M., Ellis, E., Juang, L., & Betancourt, T.S. *Refugee Youth and Adolescents: Evidence-Based Approaches to Promoting Positive Identity and Belonging.*

51. Mirpuri, S., **Akinsulure-Smith, A.M.**, Chu, T., Keatley, E., & Rasmussen, A. "*Hang with somebody who is African too": Stressors and coping strategies among West African youths.*

Publications (peer-reviewed journals)

50. **Akinsulure-Smith, A.M.**, Huyal Genco, S., & Andjembe Etogho, B. (In press). The role of individual vs group membership among West African immigrant women who have experienced FGM/C. *Violence Against Women.*

49. **Akinsulure-Smith, A.M.**, Sicalides E., & Diallo, M. (2023). Evaluating survivors of Female Genital Mutilation/Cutting for Immigration Court – Opportunities and challenges for licensed mental health professionals. *Professional Psychology: Research and Practice*, 54(*2*), 167-176.

48. **Akinsulure-Smith, A.M.** & Min, M. (2023). What African Immigrant Service Providers Can Teach Us about the Needs of African Immigrant Survivors of FGM/C. *Health Care for Women International*, 1-12, DOI: 10.1080/07399332.2023.2196247.

47. Johnson-Agbakwu, C.E., Michlig, G.J., Koukoui, S., **Akinsulure-Smith, A.M.**, & Jacobson, D.S. (2023). Health Outcomes and Female Genital Mutilation/Cutting: How much is due to the cutting itself? *International Journal of Impotence Research*. 1-10.

46. Min, M., Espinosa, A., & **Akinsulure-Smith, A.M.** (2022) My body, my culture: Understanding body image concerns among West African immigrant women. *Journal of Immigrant and Minority Health*, https://doi.org/10.1007/s10903-022-01421-w.

45. Min, M., Wong, T. & **Akinsulure-Smith, A.M.** (2022). Exploring beliefs, & attitudes towards Female Genital Mutilation/Cutting among health care providers in New York City. *Violence Against Women, 28(12-13), 3174-3193,* https://doi.org/10.1177/10778012211045710.

44. **Akinsulure-Smith, A.M.**, Wong, T., & Min, M. (2021). Addressing Female Genital Cutting among service providers in New York. *Professional Psychology: Research and Practice, 52(3),* 202-212.

43. Mumey, A., Sardana, S., & **Akinsulure-Smith, A. M.** (2021). Sharing power and building trust: recommendations for conducting research with sex trafficking survivors. *Journal of health care for the poor and underserved*, *32*(2), 631-637.

42. Mumey, A., Sadana, S., Richardson-Vejlgaard, R., & **Akinsulure-Smith, A.M.** (2020). Mental Health Needs of Sex Trafficking Survivors in New York City: Reflections on Exploitation, Coping, & Recovery. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(2), 185-192.

41. Thulin, E.J., McLean, K., Sevalie, S., **Akinsulure-Smith, A.M.**, & Betancourt, T.S. (2020). Mental Health Problems among Children in Sierra Leone: Assessing Cultural Concepts of Distress. *Journal of Transcultural Psychiatry,* 1363461520916695.

40. Zuilkowski, S. S., Thulin, E. J., McLean, K., Rogers, T. M., **Akinsulure-Smith, A. M.**, & Betancourt, T. S. (2019). Parenting and discipline in post-conflict Sierra Leone. *Child abuse & neglect*, *97*, 104138.

39. Espinosa, A., **Akinsulure-Smith, A.M.**, & Chu, T. (2019). Emotional intelligence and occupational stress among refugee resettlement workers: The mediating role of coping behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy, 11(*1).

38. **Akinsulure-Smith, A.M.**, Chu, T., Espinosa, A., & Hallock, R. (2018). Secondary traumatic stress and burnout among refugee resettlement workers: The role of coping and emotional intelligence. *Journal of Traumatic Stress, 31*(2), 202-212.

37. **Akinsulure-Smith, A.M.**, & Conteh, J.A. (2018). The emergence of counseling in Sierra Leone. *Journal of Counseling and Development, 96*(3), 327-334.

36. Lanfranchi, M., & **Akinsulure-Smith, A.M.** (2018). The role of mental health counselors in international human rights: Reflections on counseling services with urban refugees at the Refugee Law Project in Kampala, Uganda. *International Journal for the Advancement of Counseling,40*(4), 365-386.

35. **Akinsulure-Smith, A.M.**, Chu, T., & Krivitsky, L. (2018). West African immigrant perspectives on female genital cutting: Experiences, attitudes and implications for mental health service providers. *Journal of International Migration and Integration,19*(2), 259-276.

34. **Akinsulure-Smith, A.M.**, Anosike, E., & Nwaubani, K. (2017). A model for community based psychosocial services in Nigeria. *Journal of Psychosocial Rehabilitation and Mental Health, 4*(1), 99-102. DOI: 10.1007/s40737-017-0085-x

33. **Akinsulure-Smith, A.M.**, & Chu, T. (2017). Knowledge and attitudes toward female genital cutting among West African male immigrants in New York City. *Health Care for Women International*, *38*(5), 463-477.

32. **Akinsulure-Smith, A.M.** (2017). Resilience in the face of adversity: African immigrants' mental health needs and the American transition. *Journal of Immigrant and Refugee Studies, 15*(4), 428-448.

31. **Akinsulure-Smith, A.M.**, & Chu, T. (2016). Exploring female genital cutting among survivors of torture. *Journal of Immigrant & Minority Health, 19*(3), 769-773. DOI: 10. 1007/s10903-016-0419-x.

30. **Akinsulure-Smith, A.M.**, Mirpuri, S., Chu, T., Keatley, E., & Rasmussen, A. (2016). Made in America: Perspectives on friendship in West African immigrant families. *Journal of Child and Family Studies, 25*, 2765-2777. DOI: 10.1007/s10826-016-0431-8.

29. **Akinsulure-Smith, A.M.**, & Sicalides, E. (2016). Female genital cutting in the United States: Implications for mental health services. *Professional Psychology: Research and Practice, 47*(5), 356-362. http://dx.doi.org/10.1037/pro0000079.

28. Betancourt, T.S., Brennan, R.T., Vinck, P., Brennan, R.T., VanderWeele, T.J., Spencer-Walters, D., Jeong, J., **Akinsulure-Smith, A.M.**, & Pham, P. (2016). Associations between mental health and Ebola related health behaviors: A regionally representative cross-sectional survey in post-conflict Sierra Leone. *PLoS Medicine, 13*(8): e1002073. DOI: 10.1371/journal.pmed.1002073.

27. Zuilkowski, S.S., Collet, K., Jambai, M., **Akinsulure-Smith, A.M.**, & Betancourt, T.S. (2016). Youth resilience in post-conflict settings: An intervention for war-affected youth in Sierra Leone. *Human Development, 59,* 64-80. DOI: 10.1159/000448227.

26. Chu, T., & **Akinsulure-Smith, A.M.** (2015). Health outcomes and attitudes towards female genital cutting in a community-based sample of West African immigrant women from high-prevalence countries in New York City. *Journal of Aggression, Maltreatment & Trauma, 25*(1), 63-83.

25. Chu, T., Rasmussen, A., **Akinsulure-Smith, A.M.,** & Keatley, E. (2015). Exploring community engagement and cultural maintenance among forced and voluntary West African immigrants in New York City. *Journal of International Migration and Integration, 17*(3), 785-800. DOI: 10.1007/s12134-015-0443-z.

24. Newnham, E.A., McBain, R.K., Hann, K., **Akinsulure-Smith, A.M**., Weisz, J., Lilienthal, G.M., Hansen, N., & Betancourt, T.S. (2015). The Youth Readiness Intervention for war-affected youth. *Journal of Adolescent Health, 56*(6), 606-611. DOI: 10.1016/j.jadohealth.2015.01.020.

23. **Akinsulure-Smith, A.M.** (2014). Displaced African female survivors of conflict-related sexual violence: Challenges for service providers. *Violence Against Women, 20*(6), 677-694. DOI: 10.1177/1077801214540537.

22. **Akinsulure-Smith, A.M.** (2014). Exploring female genital cutting among West African immigrants. *Journal of Immigrant and Minority Health, 16*, 559-461. DOI 10.1007/s10903-012-9763-7.

21. **Akinsulure-Smith, A.M.** (2014). Exploring HIV knowledge, risk and protective factors among West African forced migrants in New York City. *Journal of Immigrant and Minority Health, 16*, 481-491. DOI: 10.1007/s10903-013-9829-1.

20. **Akinsulure-Smith, A.M.,** & Keatley, E. (2014). Secondary trauma and local mental health professionals in post-conflict Sierra Leone. *International Journal for the Advancement of Counseling, 36*(2), 125-135. DOI: 10.1007/s10447-013-9197-5.

19. Betancourt, T.S., McBain, R.K., Newnham, E.A., Hann, K., **Akinsulure-Smith, A.M.**, Brennan, R.T., Weisz, J.R., & Hansen, N.B. (2014). A behavioral intervention for war-affected youth in Sierra Leone: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 53*(12), 1288-1297. DOI: 10.1016/j.jaac.2014.09.011.

18. **Akinsulure-Smith, A.M.**, Chu, T., Keatley, E., & Rasmussen, A. (2013). Intimate partner violence among West African immigrants. *Journal of Aggression, Maltreatment & Trauma, 22*, 109-126. DOI: 10.1080/10926771.2013.719592.

17. **Akinsulure-Smith, A.M.**, Jones, W. L., & Dachos, N. (2013). Nah We Yone's De Fambul Camp: Facilitating resilience in displaced African children. *Journal of Immigrant and Refugee Studies, 11*(3), 221-240. DOI: 10.1080/15562948.2013.801721.

16. Muzacz, A., & **Akinsulure-Smith, A.M.** (2013). Older adult sexuality: Implications for counseling ethnic and sexual minorities. *Journal of Mental Health Counseling, 35*, 1-14.

15. Rasmussen, A., Chu, T., **Akinsulure-Smith, A.M.**, & Keatley, E. (2013). The social ecology of resolving family conflict among West African immigrants in New York: A grounded theory approach. *American Journal of Community Psychology, 52*(1-2), 185-196. DOI: 10.1007/s10464-013-9588-0.

14. **Akinsulure-Smith, A.M.** (2012). Responding to the trauma of sexual violence in asylum seekers: A clinical case study. *Clinical Case Studies, 11*(4), 285-298. DOI: 10.1002/jts.21684.

13. **Akinsulure-Smith, A.M.** (2012). Using group work to rebuild family and community ties among displaced African men. *Journal for Specialists in Group Work, 37*(2), 95-112. DOI: 10.1080/01933922.2011.646086

12. **Akinsulure-Smith, A.M.**, Keatley, E., & Rasmussen, A. (2012). Responding to secondary traumatic stress: A pilot study of torture treatment programs in the United States. *Journal of Traumatic Stress, 25*, 232-235. DOI: 10.1002/jts.21684.

11. **Akinsulure-Smith, A.M.,** & O'Hara, M. (2012). Working with forced migrants: Therapeutic issues and considerations for mental health counselors. *Journal of Mental Health Counseling, 34*, 38-55.

10. **Akinsulure-Smith, A.M.,** & Smith, H. (2012). Evolution of family policies in post-conflict Sierra Leone. *Journal of Child and Family Studies, 21*, 4-13. DOI: 10.1007/s10826-011-9495-7.

9. Rasmussen, A., **Akinsulure-Smith, A.M.**, Chu, T., & Keatley, E. (2012). "911" among West African immigrants in New York City: A qualitative study of parents' disciplinary practices and their perceptions of child welfare authorities. *Social Science & Medicine, 75*(3), 516-525. DOI: 10.1016/j.socscimed.2012.03.042.

8. **Akinsulure-Smith, A.M.**, & Jones, W. L. (2011). Nah We Yone – A grassroots community based organization in New York City: Successes, challenges, and lessons learned. *International Journal of Migration, Health, and Social Care, 7*, 44-57. DOI: 10.1108/17479891111176296

7. O'Hara, M., & **Akinsulure-Smith, A.M.** (2011). Working with interpreters: Tools for clinicians conducting psychotherapy with forced immigrants. *International Journal of Migration, Health, and Social Care, 7*, 33-43. DOI: 10.1108/17479891111176287

6. Smith, H.E., & **Akinsulure-Smith, A.M.** (2011). Needed – not just needy: Empowerment as a therapeutic tool in the treatment of survivors of torture and refugee trauma. *African Journal of Traumatic Stress, 2,* 17-31.

5. **Akinsulure-Smith, A.M.** (2009). Brief psychoeducational group treatment with re-traumatized refugees and asylum seekers. *Journal for Specialists in Group Work, 34*(2), 137-150. DOI: 10.1080/01933920902798007.

4. **Akinsulure-Smith, A.M.,** Ghiglione, J., & Wollmershauser, C. (2009). Healing in the midst of chaos: Nah We Yone's African women's wellness group. *Women & Therapy, 32*, 105-120. DOI: 10.1080/02703140802384602.

3. Amowitz, L.L., Reis, C., Lyons, K.H., Vann, B., Mansaray, B., **Akinsulure-Smith, A.M.**, Taylor, L., & Iacopino, V. (2002). Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone. *Journal of the American Medical Association, 287*, 513-521.

2. Carter, R.T., **Akinsulure-Smith, A.M.**, Smailes, E.M., & Clauss, C.S. (1998). The status of racial/ethnic research in counseling psychology: Committed or complacent? *Journal of Black Psychology, 24*, 322-334.

1. Carter, R.T., & **Akinsulure-Smith, A.M.** (1996). White racial identity and expectations about counseling. *Journal of Multicultural Counseling and Development*, *24*, 218-228.

Publications (books)

1. Barber-Rioja, V., **Akinsulure-Smith, A.M**., & Vendzules, S. (2022). Mental Health Evaluations in Immigration Court: A Guide for Mental Health and Legal Professionals. New York: NYU Press.

Publications (book chapters)

14. **Akinsulure-Smith, A.M.** & Smith, H.E. (In press). "*You in Americuh, Now"*: African Forced Migrants in the 21st Century US. Rich., G.J, Kaplin, D., Kuransky, J, & Gielen, U. (Eds.). *Coming to America: Psychosocial Experiences and Adjustment of Migrants.* Elsevier Publishers.

13. **Akinsulure-Smith, A.M.**, & Smith, H.E. (2019). Recreating family and community networks: Group interventions with forced migrants. In S.M. Berthold & K. Libal (Eds.), *Refugees and asylum-seekers in the United States: Interdisciplinary perspectives* (pp.182-201). ABC-CLIO Press (Imprint: Praeger).

12. **Akinsulure-Smith, A.M.**, Anosike, E., & Nwaubani, K. (2017). Examining community based psychosocial service in sub-Saharan Africa: Amaudo Itumbauzo – Settlement of peace. In C.E. Stout & G. Wang (Eds.), *Why global health matters: How to (actually) make the world a better place* (pp. 326-344). Seattle, WA: CreateSpace

11. Rasmussen, A., **Akinsulure-Smith, A.M.**, & Chu, T. (2016). Grounded theory in community psychology. In L. A. Jason & D. S. Glenwick (Eds.), *Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods* (pp. 23-32). New York: Oxford University Press.

10. **Akinsulure-Smith, A.M.,** & Smith, H. (2014). Emerging family policies in Sierra Leone. In M. Robila (Ed.), *Family policies across the globe* (pp. 15-29). New York: Springer.

9. Berthold, S.M., & **Akinsulure-Smith, A.M.** (2014). Survivors and victims of terrorism. In A. Glitterman (Ed.), *Handbook of social work with vulnerable and resilient populations* (3rd ed.) (pp. 484-508). New York: Columbia University Press.

8. Betancourt, T.S., Newnham, E.A., Hann, K., McBain, R.K., **Akinsulure-Smith, A.M.**, Weisz, J.R., Lilienthal, G.M., & Hansen, N.B. (2014). Addressing the consequences of violence and adversity: The development of a group mental health intervention for war-affected youth in Sierra Leone. In J. Raynaud, M. Hodes, & S.S. Gau (Eds.), *From research to practice in child and adolescent mental health* (pp. 157-178). New York: Rowman & Littlefield.

7. Clauss-Ehlers, C.S., & **Akinsulure-Smith, A.M.** (2013). Working with forced migrant children and their families: Mental health, developmental, legal, and linguistic considerations in the context of school-based mental health services. In C. Clauss-Ehlers, Z. Serpell, & M. Weist (Eds.), *Handbook of culturally responsive school mental health: Advancing research, training, practice, and policy* (pp. 135-146). New York: Springer.

6. Robila, M., & **Akinsulure-Smith, A.M.** (2012). Psychological ethics and immigration. In M.M. Leach, M.J. Stevens, A. Ferrero, Y. Korkut, & G. Lindsay (Eds.), The *Oxford handbook of international psychological ethics* (pp. 191-200). New York: Oxford University Press.

5. **Akinsulure-Smith, A.M.** (2010). Torture. In C.S. Clauss-Ehlers (Ed.), *Encyclopedia of cross-cultural school psychology* (Vol. 2, pp. 27-29). New York: Springer.

4. **Akinsulure-Smith, A.M.** (2007). Use of interpreters with survivors of torture, war, and refugee trauma. In H.E. Smith, A.S. Keller, & D.W. Lhewa (Eds.), *"...Like a refugee camp on First Avenue." Insights and experiences from the Bellevue/NYU Program for Survivors of Torture* (pp. 82-105). New York: The Bellevue/NYU Program for Survivors of Torture.

3. Porterfield, K., & **Akinsulure-Smith, A.M.** (2007). Therapeutic work with children and families. In H.E. Smith, A.S. Keller, & D.W. Lhewa (Eds.), *"...Like a refugee camp on First Avenue." Insights and experiences from the Bellevue/NYU Program for Survivors of Torture* (pp. 299-336). New York: The Bellevue/NYU Program for Survivors of Torture.

2. Smith, H.E., & **Akinsulure-Smith, A.M.** (2004). A global perspective on youth outreach. In C.S. Clauss-Ehlers & M.D. Weist (Eds.), *Community planning to foster resiliency in children* (pp. 127-140). New York: Kluwer Academic/Plenum Publishers.

1. **Akinsulure-Smith, A.M.** (2003). The black-eye peas group game. In H.G. Kaduson & C.E. Schaefer (Eds.), *101 favorite play therapy techniques* (Vol. 3, pp. 370-372). Northvale, NJ: Jason Aronson Inc.

ADDITIONAL PUBLICATIONS

American Psychological Association (2010). Resilience and recovery after war: Refugee children and families in the United States. *Report of the APA Task Force on the Psychosocial Effects of War on Children and Families who are Refugees from Armed Conflict Residing in the United States.* Washington, DC: American Psychological Association. Retrieved from: http://www.apa.org/pi/families/refugees.aspx (Member of the APA Task Force).

Akinsulure-Smith, A.M. (2004). Giving voice to the voiceless: Providing interpretation for survivors of torture, war, and refugee trauma. *The Gotham Translator*, *May/June*, 6-7.

Akinsulure-Smith, A.M. (January 1, 2002). African women don't get the blues. *Mu Yepe, 1*, 4-5.

Akinsulure-Smith, A.M., & Smith, H. (2002). Mission to Freetown. *Mano Vision, 26/27*, 12-13.

Akinsulure-Smith, A.M. (May 10, 2000). Perspective on Sierra Leone; rape and trauma arise from a deal made in hell; peacekeeping won't do. International peacemaking must show its viability in Africa. *Los Angeles Times*, Part B; p. 9.

Teaching

Department of Psychology, The City College of New York (8/06 - present)

Graduate Courses

V6532: Theories and Techniques of Counseling
V6540 Trauma and Resilience
V6560: Multicultural Issues in Counseling
V6589: Practicum in Counseling I
V6597: Foundations of Mental Health Counseling & Consultations
U ED 71100: Immigration and the Intersection of Education, Law and Psychology

Undergraduate Courses

PSY 24600: Infancy & Childhood
PSY 31906: Trauma and Resilience
PSY 35500: Women & Violence
PSY 35600: Adolescent & Youth
PSY 41000: Contemporary Issues in Human Rights and Social Justice

Peer Reviewing

Journal of Ethnographic & Qualitative Research, Associate Editor (since 2015)
Journal of Multicultural Counseling and Development, Editorial Board (since 2012)
Ad hoc Reviewer:

Psychological Trauma: Theory, Research, Practice and Policy (since 2007)
Critical Half (since 2006)

Trainings and Workshops

22. **Akinsulure-Smith, A.M**., & Smith, H.E. (2022, December). *The Role of Health Professionals in Documenting Human Rights Abuses and Advocating for Asylum Seekers.* Eastern Virginia Medical School, Norfolk, VA.

21. **Akinsulure-Smith, A.M**., & Guskovict, K. (2020, November). "I was already burned out, and now this…" *Strategies for Staff and Supervisors to Mitigate Burnout, Vicarious Trauma, and Other Occupational Hazards.* Webinar, *https://switchboardta.org/resource/i-was-already-burned-out-and-now-this-strategies-for-staff-and-supervisors-to-mitigate-burnout-vicarious-trauma-and-other-occupational-hazards/*

20. **Akinsulure-Smith, A.M.** (2020, March & April). *Addressing the Cost of Caring: Developing Self-Compassion and Resilience in Challenging Times*. Workshop series conducted for Obama Foundation Scholars Program, Columbia University, New York, NY.

19. Dross, P., Spelman, L., Parkikh, M., Gorlitsky, K., Oldfield, T., & **Akinsulure-Smith, A.M.** (2018, September). *Organizational Sustainability: A View from 3 Perspectives Online Consultation*. Webinar, https://www.healtorture.org/webinars

18. Dross, P., Stein, P., & **Akinsulure-Smith, A.M.** (2018, September). *Organizational Sustainability: A View from 3 Perspectives*. Webinar, https://www.healtorture.org/webinars

17. **Akinsulure-Smith, A.M.**, Smith, H.E., Porterfield, K., & Figley, C. (2016, December). *Assessment and treatment of torture survivors: Resilience-centered healing*. Webinar, APA Division 56 (Trauma). https://tulanetraumatologyinstitute.com/news-1/2017/7/24/join-us-for-free-webinar-assessment-and-treatment-of-torture-survivors-resilience-centered-healing

16. **Akinsulure-Smith, A.M**. (2015, September). *Forced migrants and sexual violence: Prevalence, types, and therapeutic considerations.* Workshop conducted for the Intercultural Counseling Center, Baltimore, MD.

15. **Akinsulure-Smith, A.M**. (2015, July). *Addressing the cost of caring in survivors of torture programs.* Workshop conducted for the National Capacity Building Project, the Center for Victims of Torture, St. Paul, MN.

14. **Akinsulure-Smith, A.M.** (2015, February). *Gendered perspectives in times of war*. Workshop conducted for Building a Culture of Peace, Adelphi University, New York, NY.

13. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2014, June). *Overcoming Challenges in Service Provision: Culture, Compassion, and Self-Care.* Workshop conducted for Hebrew Immigrant Aid Society, Vienna Austria.

12. **Akinsulure-Smith, A.M.** (2011, March). *Sexual violence as a tool of torture and weapon during conflict.* Webinar, Gulf Coast Jewish Family and Community Services, Clearwater, FL. https://gulfcoastjewishfamilyandcommunityservices.org/refugee-services/national-partnership-for-community-training/webinars/#1524598803120-b6b4fdbb-5d27

11. **Akinsulure-Smith, A.M.** (2007, December). *Responding to refugee children and their families.* Workshop conducted at Episcopal Migration Ministries/Program for Survivors of Torture Refugee Mental Health Training, Atlanta, GA.

10. **Akinsulure-Smith, A.M.** (2007, June). *Therapeutic responses to displaced African female survivors of sexual violence.* Workshop conducted at War, Torture and Terror: The Role of Psychology. Ferkauf Graduate School of Psychology, Yeshiva University, New York, NY.

9. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2005, March). *Overview of torture and its consequences, secondary trauma, and working with interpreters.* Workshops conducted at the 2005 New Staff Institute, Center for Victims of Torture, Minneapolis, MI.

8. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2004, December). *Therapeutic work with African survivors of war and trauma.* Brown bag workshop conducted at The Institute of African Studies, School of International and Public Affairs, Columbia University, New York, NY.

7. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2004, October). *Human rights advocacy: Stress and renewal*. Workshop conducted for The Human Rights Advocate Program, School of International and Public Affairs, Columbia University, New York, NY.

6. **Akinsulure-Smith, A.M.** (2003, September). *Assessing the credibility of Sierra Leonean trauma survivors.* Workshop conducted for the New York Asylum Office, the Bureau of Citizenship and Immigration Services of the Department of Homeland Security, Rosedale, NY.

5. **Akinsulure-Smith, A.M.** (2001, May). *What is psychotherapy?* Workshop conducted for African refugee women at the International Institute of New Jersey, Cross-Cultural Counseling Center, Jersey City, NJ.

4. **Akinsulure-Smith, A.M.** (2001, April). *Interviewing survivors of war-related sexual violence.* Workshop conducted for WITNESS, Lawyers Committee for Human Rights, New York, NY.

3. **Akinsulure-Smith, A.M.,** & Eyega, Z. (2000, June). *Reproductive health and rights for African immigrants and refugee women: Strategies for community empowerment.* Workshop conducted at Focus on Women's Health Around the World in Support of the Beijing Platform for Action, Hunter College, New York, NY.

2. **Akinsulure-Smith, A.M.,** & Impalli, E. (2000, March). *Considerations for working with interpreters.* Workshop conducted at Conference on Refugee Resettlement: Therapeutic Factors and Interventions, New York University Medical School, Bellevue Hospital, New York, NY.

1. **Akinsulure-Smith, A.M.,** & Smith, H.E. (1996, March). *Each child has a gift.* Workshop presented at the Champions Academics & Sports Club, New York Junior Tennis League Parent Workshops, Brooklyn Public Schools, Brooklyn, NY.

Consultations

2000-Present Expert Witness
*Forensic Evaluations, Human Rights Consultations, and Mitigation Services on capital cases for private legal firms and public entities.

7/21-7/22 FREEDOM HOUSE, INC.
*Conduct psychosocial trainings to religious freedom defenders and partners of Freedom House under the Netherlands Ministry of Foreign Affairs
*Target audiences include International Christian Concern (Pakistan & US) and Yazda and Hammurabi (Iraq)

2021 Alsace, T. O., **Akinsulure-Smith, A. M.**, & Colón, G. Professional development module: Approaches to Educating Refugees and Immigrants. *CUNY - Initiative on Immigration and Education.* CUNY-IIE. https://www.cuny-iie.org/comprehensive-educator-modules

3/10-3/16 Expert Witness
*Retained by Trial Chamber III of the International Criminal Court, The Hague, to serve as a joint expert on gender crime and Post Traumatic Stress Disorder ("PTSD") for all parties and participants in the case of the *Prosecutor v. Jean-Pierre Bemba Gombo* (case number ICC-01/05-01/08).

8/08-12/10 American Psychological Association Task Force on The Psychological Effect of War on Children and Families Who Are Refugees from Armed Conflicts Residing in The United States (PEWCF)
*Appointed to a task force created to assist psychologists in the U.S. to meet the challenges of working with children and families residing in the US who are refugees from armed conflicts.

2/01 Physicians for Human Rights & United Nations Mission in Sierra Leone, Human Rights Division
**Co-led a quantitative study of women's health and human rights post-civil war conflict in Sierra Leone.
**Co-authored a report documenting women's experience of sexual violence during civil war in Sierra Leone.

3/00 Physicians for Human Rights & United Nations Mission in Sierra Leone, Human Rights Division
**Participated in an investigation of women's health and human rights post-civil war conflict in Sierra Leone.

9/99-9/00 African Services Committee, New York
*African Community Prevention Campaign - Provided HIV/STD/TB education, prevention and care workshops within the African immigrant and refugee communities in New York City.

Pod Cast

Akinsulure-Smith, A.M. (with co-hosts R. E. Landrum, S. A. Nolan, & A. Seawell). (2021). *PsychSessions: Beyond teaching* [Podcast]. https://psychsessionspodcast.libsyn.com/

Professional Activities

March 2021 Member, Switchboard National Advisory Panel, International Rescue Committee

2019- Present, Member, African Child Migration Research Network https://acymn.com/

2018-2020 Board Member, American Group Psychology Association

July 2016 Women in Leadership: Empowering Women and Girls in Africa: Discussions from a Global Perspective
*Co-Chaired/Directed a day-long symposium in collaboration with the Annie Walsh Old Girls Association and the Department of Psychology/Colin Powell School for Civic and Global Leadership, City College of the City University of New York.

10-11/2014 Ebola in Sierra Leone - Mental Health Radio Program
*Co-created and launched a radio program series in Sierra Leone providing critical information throughout the country about mental health care and Ebola Virus Disease.

1997-2010 Nah We Yone, Inc., New York
*****Co-founded and co-directed a non-profit community based organization that supported displaced and traumatized Africans within the New York City metropolitan area with their adjustment to living in a new country and culture.

Membership in Professional Associations

2020-Present African Child and Youth Migration Research Network
2017-Present American Group Psychotherapy Association
2016-Present Sierra Leone Mental Health Initiative
2015-Present International Association of Trauma Professionals
2015-Present The Green Cross Academy of Traumatology
1998-Present American Counseling Association
1998-Present New York State Psychological Association

Invited Presentations

60. **Akinsulure-Smith, A.M.,** Elshazly, M. & Niconchuk,M. (2021, May). *Mental Health Realities and Treatments in the Field*. Panel discussion conducted for Human Security, Violence and Trauma. University of California, Berkeley; https://hsvt.berkeley.edu/schedule/

59. **Akinsulure-Smith, A.M.** (2021, April). *Psychosocial Support for Youth in Post Conflict Settings: The Youth Readiness Intervention.* Invited Speaker, Sofia University, Bulgaria

58. **Akinsulure-Smith, A.M.,** Mfuranzima, J.S.P, & Kurup, N. (2021, March). *Journey & Healing: Trauma in Immigrant Communities*, Panel discussion conducted for Northeast Iowa Peace & Justice Center; https://neipjc.org/event/journey-healing-trauma-in-immigrant-communities/

57. Waskow, A., Chavez, E., **Akinsulure-Smith, A.M.**, & Agdem, R. (2021, February). *Awaken Strength through Social Action: Immigration Reform Panel.* Panel discussion conducted for Romemu, New York, NY. https://fb.watch/3OPYWle7oR/

56. **Akinsulure-Smith, A.M.** (2019, May). *Addressing the Mental Health Consequences of Fleeting Persecution and Seeking Refuge.* Invited Speaker, Bennington College, Bennington, VT.

55. Pûras, D., Arbukle, M., Brown, C., & **Akinsulure-Smith, A.M.** (2017, October). *Mental Health and Human Rights: Debating the Future of the Biomedical Model.* Panel discussion conducted at Mailman School of Public Health, Columbia University, New York, NY.

54. **Akinsulure-Smith, A.M.** (2017, October). *The mental health consequences of refugee resettlement work: A pilot study of prevalence and management strategies.* Invited speaker, International Rescue Committee, New York, NY.

53. **Akinsulure-Smith, A.M.** (2017, October). *The mental health consequences of refugee resettlement work: A pilot study of prevalence and management strategies.* Webinar, Refugee Council USA.

52. **Akinsulure-Smith, A.M.** (2017, June). *Psychosocial support for youth in post conflict settings: The Youth Readiness Intervention.* Keynote speaker, Global Mental Health and Psychosocial Support Conference: Partnerships and Mutual Learning. King's Health Partners, London, United Kingdom.

51. **Akinsulure-Smith, A.M.** (2017, April). *Mental health IS women's health!* Invited speaker, Leadership, Immigration, and Empowerment Conference, Maplewood, NJ.

50. **Akinsulure-Smith, A.M.** (2017, March). *Resilience and the African immigrant experience.* Invited lecture to the Psychology Department, Lehman College, Bronx, NY.

49. **Akinsulure-Smith, A.M**. (2016, November). *Capacity building for mental health work in alternate delivery platforms: Experience of the Youth Readiness Intervention.* Youth FORWARD: Alternate Delivery Platforms and Implementation Models for Bringing Evidence-Based Behavioral Interventions to Scale for Youth Facing Adversity in West Africa, Freetown, Sierra Leone.

48. **Akinsulure-Smith, A.M**. (2016, October). *Trauma, resilience and survival: Addressing the needs of forced migrants.* Ozanam Scholars Program, St John's University, Queens, New York.

47. **Akinsulure-Smith, A.M**. (2016, March). *Trauma, resilience and survival: Clinical service provision with forced migrants.* Keynote speaker, IPS: Mental Health Over the Life Span, Scientific Conference and Annual General Meeting, Alberta Psychiatric Association, Banff, Alberta, Canada.

46. **Akinsulure-Smith, A.M**. (2015, September). *Caring for forced migrants: Toward an integrated response.* Keynote speaker, IPS: The Mental Health Services Conference, American Psychiatric Association, New York, NY.

45. Rabago, M., Kooijmans, J., Barrios, V., & **Akinsulure-Smith, A.M**. (2015, March). *The road to healing: Exploited girls and women standing strong.* Panel discussion conducted at the Commission on the Status of Women. United Nations, New York, NY.

44. **Akinsulure-Smith, A.M.** (2014, December). *AMAUDO ITUMBAUZO – Respice, adspice, prospice. Mental illness in Nigeria!* The Impact of Amaudo Mental Health Services in South East Nigeria since 1989, Symposium celebrating Amaudo Itumbauzo 25 Years, Umuahia, Abia State, Nigeria.

43. Pike, K., Clark, W.W., **Akinsulure-Smith, A.M.**, & Rataemane, S. (2014, May). *What will it take to prevent brain disorders?* Panel presentation conducted for Preventing Brain Disorders: Improving Global Mental Health, Columbia University Epidemiology Scientific Symposium, New York, NY.

42. **Akinsulure-Smith, A.M.** (2014, March). *International human rights, International House, and me.* The Women's International Leadership Program and The Davis Peace and Diplomacy Initiative at International House, New York, NY.

41. Betancourt, T., & **Akinsulure-Smith, A.M.** (2013, July). *Mental health issues among former child soldiers in Sierra Leone: A longitudinal perspective.* Paper presented at the 6th Pan Africa PCAF Psychotrauma Conference, Kampala, Uganda.

40. O'Hara, G., **Akinsulure-Smith, A.M.,** & Porterfield, K. (2012, April). *Refugees and psychosocial wellbeing.* Panel discussion conducted for 5th Annual Psychology Day at the United Nations. *Human Rights for Vulnerable People: Psychological Contributions and the United Nations Perspective*, New York, NY.

39. **Akinsulure-Smith, A.M.** (2012, March). *Building on community strengths: Using group work to facilitate healing in refugee communities.* First Annual "It Takes a Community: Optimizing Refugee Resettlement" Conference, Franklin & Marshall College, Lancaster, PA.

38. **Akinsulure-Smith, A.M.**, Abdi, S., & Miller, C. (2011, July). *Refugee health in FY2011 and 2012: Challenges and innovative strategies.* Panel presentation conducted for Church World Service/The Immigration and Refugee Program National Conference, New York, NY.

37. **Akinsulure-Smith, A.M.**, Constantino, G., Javier, R., Suzuki, L., Wilkinson, L., & Clauss-Ehlers, C.S. (2010, April). *Promoting social justice and positive mental health in educational settings.* Panel presentation sponsored by New York State Psychological Association, Division of Culture, Race, and Ethnicity, New York, NY.

36. Soysa, C., Saunders, A., & **Akinsulure-Smith, A.M.** (2010, March). *Women's health and mental health in times of crisis: War, natural disasters, epidemics.* Panel discussion conducted for The Session of the Commission on the Status of Women Parallel Event, Sponsored by the American Psychological Association (APA); the NGO Committee on HIV/AIDS; and the NGO Committee on the Family, New York, NY.

35. **Akinsulure-Smith, A.M.** (2009, April). *The war on women: Gender based violence in armed conflict.* 2009 Women's Resource Center and Women's Studies Guest Lecture, College of Staten Island, the City University of New York, NY.

34. **Akinsulure-Smith, A.M.** (2008, April). *Caught in the crossfire – Violence against women during armed conflict*. 2008 Women and Gender Guest Lecture, University of Maine at Farmington, Farmington, ME.

33. **Akinsulure-Smith, A.M.** (2008, April). *Responding to the tragedy of war: The Nah We Yone story*. Invited guest lecture, 2008 Culture and Diversity Program, University of Maine at Farmington, Farmington, ME.

32. **Akinsulure-Smith, A.M.** (2008, March). *Women and genocide: The use of sexual violence against women as a tool of genocide during armed conflict*. Invited guest lecture, 2008 Women and Genocide Lecture, Center for Holocaust/Genocide Study & Women's Studies Program, Drew University, Madison, N.J.

31. Mattis, J.S., **Akinsulure-Smith, A.M.,** Mahoney, A.M., & Fullilove, R. (2008, February). *Demographic profiles.* Panel discussion conducted for The 3rd Annual Conference on the Health of the African Diaspora: Mental Health, New York University School of Medicine and Bellevue Hospital Center, New York, NY.

30. Kodindo, G., **Akinsulure-Smith, A.M.**, Hein, K., & Askew, G. (2007, December). *Promoting health and human rights of women and children.* Panel discussion conducted for Profiles in Courage: Health and Human Rights in Action. Center for Health and Human Rights: New York University School of Medicine, New York, NY.

29. Myerfeld, J., Green, J., & **Akinsulure-Smith, A.M.** (2007, April). *Torture and the body.* Panel discussion conducted for Rutgers University's Human Rights Panel Series, New Brunswick, NJ.

28. Otto, J., Rone, J., & **Akinsulure-Smith, A.M.** (2006, March). *Between two fires: Torture and displacement in northern Uganda.* Panel discussion conducted for WITNESS, United Nations Plaza, New York, NY.

27. **Akinsulure-Smith, A.M.**, Kante, A., Traore, T., & Gogo, M. (2005, August). *A discussion on social relationships and (x)ual politics for the African woman*. A day of A.W.E. (African Women's Empowerment). Panel discussion conducted for Sanctuary for Families, New York, NY.

26. Waruzi, B.T., Brown, C.J., **Akinsulure-Smith, A.M.**, Dicker, R., & Agborsangaya. P. (2005, April). *Female child soldiers in the DR of Congo.* Panel discussion conducted for Citizens for Global Solutions, Woodrow Wilson Center, Washington, DC.

25. **Akinsulure-Smith, A.M.** (2004, June). *Speaking the unspeakable: Interpreting for survivors of torture, war, and refugee trauma.* Global Security: Implications for Translation and Interpretation. Presentation at the 2nd International Translation Conference sponsored by NYU School of Continuing and Professional Studies' Center for Foreign Languages and Translation, New York, NY.

24. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2003, November). *Working with survivors of torture and refugee trauma*. International Center, New York, NY.

23. **Akinsulure-Smith, A.M.** (2003, May). *Women and trauma: A global perspective.* Treating Women: Facilitating Cultural Connection. Keynote speech at the spring conference 2003, Princeton House Women's Program, Mt. Laurel, NJ.

22. **Akinsulure-Smith, A.M.** (2003, April). *Working in the climate of war: Being compassionate in the face of hostility.* All Sides of Working in the Time of HIV and AIDS, annual conference of the Terry K. Watanabe Volunteer Center & GMHC Action, New York, NY.

21. **Akinsulure-Smith, A.M.,** & Porterfield, K. (2003, April). *Responding to disasters: Mental health assessment and self-care.* Grand rounds conducted for the Department of Social Work and Home Care Services, Beth Israel Hospital Center, New York, NY.

20. **Akinsulure-Smith, A.M.,** & Rogers, J. (2002, October). *Operation Fine Girl: The abuse of women in war-torn Sierra Leone.* Discussion conducted for the Barnard Forum on Migration, Barnard College, Columbia University, New York, NY.

19. **Akinsulure-Smith, A.M.** (2001, May). *Sierra Leonean women: The scars of war.* Healing the Pain: Multicultural Responses to Violence Against Women, annual conference of the International Society of Traumatic Studies, Inc., New York Chapter, Fordham University, New York, NY.

18. **Akinsulure-Smith, A.M**., Rogers, J., & Smith, H.E. (2001, April). *Impact of wars in Africa: Case of Sierra Leone.* School of Social Work, International Social Welfare Caucus, Columbia University, New York, NY.

17. **Akinsulure-Smith, A.M.** (2000, October). *Adjustment issues in refugee children.* The Changing Face of Resettlement, Church World Service/Episcopal Migration Ministry Joint National Conference, Austin, TX.

16. **Akinsulure-Smith, A.M.** (2000, October). *Issues of reproductive health for refugee women*. The Changing Face of Resettlement, Church World Service/Episcopal Migration Ministry Joint National Conference, Austin, TX.

15. **Akinsulure-Smith, A.M.,** & Smith, H. (2000, October). *Challenges of being a caseworker.* The Changing Face of Resettlement, Church World Service/Episcopal Migration Ministry Joint National Conference, Austin, TX.

14. Shinn, B., Evans-Tranumn, S., McAshan, J., Fatima, C., **Akinsulure-Smith, A.M.**, & Beckman, D. (2000, October). *Poverty unveiled: A panel discussion*. Invited panelist at Women's Missionary Society, African Methodist Episcopal Church: Mobilizing Against Poverty – A Clarion Call – Connect, Act, Respond, Experience – Care. 12th Annual NGO Conference, United Nations Headquarters, New York, NY.

13. **Akinsulure-Smith, A.M.** (2000, September). *Considerations for psychotherapy with war and torture survivors.* Invited lecture given at the Pre-Doctoral Psychology Internship Program, New York Psychiatric Institute, New York, NY.

12. **Akinsulure-Smith, A.M.,** & de Jong, K. (2000, September). *Refugee trauma: From Sierra Leone to New York.* Doctors Without Borders/Médecins Sans Frontières (MSF) Special Event – A Refugee Camp in the Heart of the City, New York, NY.

11. **Akinsulure-Smith, A.M.** (2000, August). *Physical and mental health consequences of the Sierra Leone civil war on women: Where do we go from here?* Perspectives of Sierra Leoneans in the New Millennium, first annual Conference of the National Organization of Sierra Leoneans in North America, Atlanta, GA.

10. **Akinsulure-Smith, A.M.** (2000, August). *The Sierra Leonean civil war*. Invited presentation given at the International Institute of New Jersey, Cross-Cultural Counseling Center, Jersey City, NJ.

9. **Akinsulure-Smith, A.M.**, Engo-Tjega, R.B., Taylor, B., & Zemele, P. (2000, August). *Solidarity with Africa: A call for more action.* African Women and HIV/AIDS, workshop conducted at 53rd Annual DPI/NGO Conference, Global Solidarity: The Way to Peace and International Cooperation, United Nations Headquarters, New York, NY.

8. **Akinsulure-Smith, A.M.,** & Burke, P. (2000, February). *What women bring back from their sojourns in academia in the U.S.: Experiences of international professional women.* Invited presentation given at NAFSA: Association of International Educators, Women's Right to Education: Building Global Leadership for the 21st Century, United Nations, New York, NY.

7. **Akinsulure-Smith, A.M.,** & Smith, H.E. (1999, November). *Sierra Leone: What are the health/human rights concerns in Sierra Leone? Why did the situation in Sierra Leone receive such little attention?* Invited lecture given for course STC 398: Health and Human Rights in the World Community, Princeton University, Princeton, NJ.

6. **Akinsulure-Smith, A.M.**, Rogers, J., & Smith, H.E. (1999, June). *Refugee children traumatized by war.* Children in Limbo. Symposium conducted at the Fifteenth Annual Manhattan Child and Adolescent Services Committee Conference, Fordham University, New York, NY.

5. **Akinsulure-Smith, A.M.** (1998, May). *Overview of the Wechsler Adult Intelligent Scale III*. Invited lecture given at the Pre-Doctoral Psychology Internship Program, Kings County Hospital Center, Brooklyn, New York.

4. **Akinsulure-Smith, A.M.,** & Smith, H.E. (1998, April). *Recognizing, assessing and responding to suicidal risk factors in adolescents.* Invited lecture given at ASPIRA of New York, Inc., New York, NY.

3. **Akinsulure-Smith, A.M.,** Smith, H.E., & Van Harte, E. (1997, April). *Psychotherapy with Africans in America.* Symposium conducted at the Perspectives on Black Psychology: Past, Present, and Future, Pace University, New York, NY.

2. **Akinsulure-Smith, A.M.** (1996, October). *Clinical issues for consideration in working with African populations.* Invited lecture given at the Pre-Doctoral Psychology Internship Program, Kings County Hospital Center, Brooklyn, NY.

1. **Akinsulure-Smith, A.M.** (1996, January). *Working with African populations.* Invited lecture given at the Pre-Doctoral Psychology Internship Program, Kings County Hospital Center, Brooklyn, NY.

Papers and Poster Sessions

36. **Akinsulure-Smith, A.M.** (2019, March). S*econdary Traumatic Stress and Burnout among Refugee Resettlement Workers: The role of coping and emotional intelligence*. Paper presented at the Annual Meeting National Consortium of Torture Treatment Programs, George Washington University, Washington, DC.

35. Eig, A., **Akinsulure-Smith, A.M.**, Smith, H.E., & Phillips, S. (2018, March). *Trauma, Torture and Displacement: Finding Connection and Self in Group.* Paper presented at the Annual Meeting of the American Group Psychotherapy Association, Houston, TX.

34. **Akinsulure-Smith, A.M.**, Espinosa, A., Chu, T., & Hallock, R. (2017, June). *The mental health consequences of refugee resettlement work: A pilot study of prevalence and management strategies.* Paper presented at the Psychological Study of Social Issues Conference, Albuquerque, NM.

33. **Akinsulure-Smith, A.M.** (2016, September). *Resilience in the face of adversity: African immigrants' mental health needs and the American transition.* Paper presented at the United States Conference on African Immigrant Health, New York, NY.

32. Chu, T., **Akinsulure-Smith, A.M.,** & Mohamed, N. (2016, September). *Support for female genital cutting among West African immigrants in New York City.* Paper presented at the United States Conference on African Immigrant Health, New York, NY.

31. S.M. Berthold, & **Akinsulure-Smith, A.M.** (2016, July). *When asylum fails to protect from hate: Working with torture survivors who remain at risk of persecution in exile*. Paper presented at The Society for the Psychological Study of Social Issues/European Association of Social Psychology Joint Conference – Understanding Hate Crime: Multi-Disciplinary Analyses, Storrs, CT.

30. **Akinsulure-Smith, A.M.** (2015, April). *Resilience in the face of adversity: African immigrants and the American shock!* Paper presented at the Annual Meeting of the New York African Studies Association, Albany, NY.

29 **Akinsulure-Smith, A.M.** (2014, September) *Exploring HIV knowledge, risk and protective factors among West African forced migrants in New York City*. Panel presentation at the United States Conference on African Immigrant Health, Pittsburgh, PA.

28. **Akinsulure-Smith, A.M.** (2014, September) *Mental health research and African immigrants: Considerations for effective recruitment and retention.* Panel presentation at the United States Conference on African Immigrant Health, Pittsburgh, PA.

27. **Akinsulure-Smith, A.M.**, Chu, T., Rasmussen, A., & Roubeni, S. (2013, June). *Population movement, cultural identity, and public health: The case of West African immigrants in New York City*. Paper presented at the Global Health and Well-Being the Social Work Response Conference, New York, NY.

26. Jeswani, S., Rasmussen, A., **Akinsulure-Smith, A.M.**, & Chu, T. (2013, June). *Stressors and coping strategies among West African immigrant youth*. Paper presented at the Annual Ethnographic and Qualitative Research Conference, Cedarville, OH.

25. Betancourt, T., & **Akinsulure-Smith, A.M.** (2013, March). *Child development and mental health: Using longitudinal data to develop a youth readiness intervention.* Paper presented at the Annual Mental Health Conference, Freetown, Sierra Leone.

24. **Akinsulure-Smith, A.M**., Chu, T., Keatley, E., & Rasmussen, A. (2012, November). *Family conflict and community support among West African refugee families in New York.* Paper presented at the Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA.

23. Betancourt, T.S., Hann, K, Newnham, E.A., **Akinsulure-Smith, A.M.**, & Hansen, N. (2012, November). *Design and evaluation of a group mental health intervention for multi-symptomatic war-affected youth in Sierra Leone*. Paper presented at the Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA.

22. Newnham, E.A., **Akinsulure-Smith, A.M.**, Hansen, N., & Betancourt, T.S. (2012, November). *A collaborative model for building capacity in mental healthcare: Training and supervision for the Youth Readiness Intervention in Sierra Leone.* Paper presented at the Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA.

21. Newnham, E.A., **Akinsulure-Smith, A.M.**, Hansen, N., & Betancourt, T.S. (2012, July). *A collaborative model for building capacity in mental healthcare: Training and supervision for the Youth Readiness Intervention in Sierra Leone.* Poster presented at the McGill University Advanced Study Institute in Cultural Psychiatry**,** Montreal, Canada.

20. Rasmussen, A., **Akinsulure-Smith, A.M.**, Chu, T., & Keatley, E. (2012, June). *The place of public health institutions within problem-solving strategies of West African families in New York City.* Paper presented at the Annual Meeting of the Society for the Study of Psychiatry and Culture, New York, NY.

19. Rasmussen, A., Chu, T., Keatley, E., & **Akinsulure-Smith, A.M.** (2011, June). *Community resilience and conflict among West African migrants to New York City*. Paper presented at the Biennial Conference of the Society for Community Research and Action, Chicago, IL.

18. Rasmussen, A., Chu, T., **Akinsulure-Smith, A.M.**, & Keatley, E. (2010, October). *The social ecology of solving family conflict in West African communities in New York.* Paper presented at the International Conference on Urban Health, New York, NY.

17. **Akinsulure-Smith, A.M.** (2010, July). *Female genital cutting.* Workshop conducted at MAN UP, Young Leaders Summit, Johannesburg, South Africa.

16. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2010, July). *Violence against women around the world.* Seminar conducted at MAN UP, Young Leaders Summit 2010, Johannesburg, South Africa.

15. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2010, April). *Nah We Yone – Rebuilding and empowering shattered African communities.* Panel presentation at the United States Conference on African Immigrant Health, Atlanta, GA.

14. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2010, April). *Rebuilding community & family ties: The use of group treatment for African survivors of torture & trauma.* Panel presentation at the United States Conference on African Immigrant Health, Atlanta, GA.

13. Pfister, J., Aubry, T., **Akinsulure-Smith, A.M.,** Bost, S.M., McGee, M., & Travis, T. (2009, November). *Re-thinking "therapeutic culture*." Roundtable conducted at American Studies Association Annual Convention, Washington, DC.

12. Muzacz, A., & **Akinsulure-Smith, A.M.** (2009, April). *Sexuality and aging: Practice and research with ethnic minority and LGB adults.* Paper presented at the Southeastern Regional Counseling Psychology Conference, Athens, GA.

11. Muzacz, A., & **Akinsulure-Smith, A.M.** (2008, October). *Counseling healthy sexuality with ethnic minority and LGBT older adults.* Workshop presented at the State Society on Aging of New York's Annual Meeting, Saratoga Springs, NY.

10. Muzacz, A., & **Akinsulure-Smith, A.M.** (2008, May). *Counseling older adults: Implications for sexual health*. Poster session presented at Pace University's Annual Psychology Conference, New York, NY.

9. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2006, October). *Making therapy culturally relevant: Group therapy with African survivors of torture and refugee trauma.* Workshop conducted at the Institute for the Study and Promotion of Race and Culture, Boston College, Chestnut Hill, MA.

8. **Akinsulure-Smith, A.M.,** & Smith, H.E. (2006, October). *Nah We Yone – It belongs to us.* Structured discussion conducted at the Institute for the Study and Promotion of Race and Culture, Boston College, Chestnut Hill, MA.

7. **Akinsulure-Smith, A.M.,** & Porterfield, K. (2004, November). *Two short-term group treatment models for war trauma survivors.* Workshop conducted at the Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.

6. **Akinsulure-Smith, A.M.**, Rogers, J., & Smith, H.E. (2004, November). *Nah We Yone, Inc.: Creating hope, support and safety out of chaos.* Workshop conducted at the Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.

5. **Akinsulure-Smith, A.M.**, Smith, H.E., & Nguyen, L. (2003, October). *Identity and meaning: Psychotherapy with survivors of torture.* Workshop conducted at the Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, Il.

4. **Akinsulure-Smith, A.M.,** Smith, H.E., Sesay, S., & Moore, M. (2003, May). *Working with African survivors of torture and refugee trauma.* Workshop conducted at the Ethiopian Community Development Council, Inc. National Conference, Washington, DC.

3. Carter, R.T., Sicalides, E.I., Lee, D.Y., Ota Wang, V., **Akinsulure-Smith, A.M.,** & Smith, H.E. (1996, February). *A process model for cultural competence.* Workshop conducted at the Annual Teachers College Winter Roundtable on Cross-Cultural Psychology and Education, New York, NY.

2. Carter, R.T., Clauss, C.S., **Akinsulure, A.M.,** & Smailes, E.M. (1995, August). *The status of cross-cultural research in psychology: Committed or complacent?* Poster session presented at the Annual American Psychological Association Annual Convention, New York, NY.

1. Carter, R.T., **Akinsulure, A.M.**, Lee, D.Y., Ota Wang, V., Sicalides, E.I., & Smith, H.E. (1995, February). *A model for training racial-cultural competencies.* Workshop conducted at the Annual Winter Roundtable on Cross-Cultural Psychology and Education, Teachers College, Columbia University, New York, NY.

Symposia

9 Betancourt, T., Rabin, N., Fazel, M., & **Akinsulure-Smith, A.M.**, (2019, April). Top 10 lessons from working with forced migrants. *Approaching Migrant Communities from Trauma-Informed Yet Strengths-Based Approaches.* Symposium conducted at the Conference on Global Migration, Boston College, Boston, MA.

8. Lewis, G., **Akinsulure-Smith, A.M.**, de las Fuentes, C., Streets, B.F., Salton, W., & Carll, E. (2016, August). Top 10 lessons from working with forced migrants. In C.F. Auerbach (Chair), *World refugee trauma – Women, children, families, and social justice.* Symposium conducted at the American Psychological Association Annual Convention, Denver, CO.

7. Smith, H.E., **Akinsulure-Smith, A.M.**, & Porterfield, K., & Kilpatrick, D. (2016, August). Assessment and treatment of torture survivors: Integrative approaches to service provision. In D. Kilpatrick (Chair), *Assessment and treatment of torture survivors – One response to the Hoffman Report.* Symposium conducted at the American Psychological Association Annual Convention, Denver, CO.

6. Rasmussen, A., **Akinsulure-Smith, A.M.,** Chu, T., & Keatley, E. (2010, May). Assessing family conflict in West African immigrant families. In D. Hinton (Chair), *Culturally sensitive assessment of psychologically distressed ethnic and non-English speaking populations*. Symposium conducted at the annual meeting of the American Psychiatric Association, New Orleans, LA.

5. **Akinsulure-Smith, A.M.**, Betancourt, T.S., & Kia-Keating, M. (2009, August). Therapeutic interventions: Challenges and new directions. In K. Porterfield (Chair), *War-affected refugee youth in America – Challenges and new directions.* Symposium conducted at the American Psychological Association Annual Convention, Toronto, Ontario, Canada.

4. Annan, J, Betancourt, T, Rasmussen, A., & Borisova, I. (2007, November). In **A.M. Akinsulure-Smith** (Chair), *War-affected women and girls in three African conflicts – Wives, mothers, soldiers.* Symposium conducted at the Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, MD.

3. **Akinsulure-Smith, A.M.**, Rogers, J., & Smith, H. E. (2000, February). *A challenge to cross-cultural psychology: Considerations for psychotherapy with war traumatized African refugees – Is there a place at the table?* Symposium conducted at the Annual Teachers College Winter Roundtable on Cross-Cultural Psychology and Education, Teachers College, Columbia University, New York, NY.

2. **Akinsulure-Smith, A.M.,** & Smith, H. E. (1997, February). Africans in America: Cultural and environmental considerations for psychotherapy. In E. van Harte (Chair), *Families and environmental influences in cross-cultural psychology and education*. Symposium conducted at the Annual Teachers College Winter Roundtable on Cross-Cultural Psychology and Education, Teachers College, Columbia University, New York, NY.

1. **Akinsulure, A.M.**, Lee, D.Y., Ota Wang, V., Sicalides, E.I., & Smith, H.E. (1995, August). In R.T. Carter (Chair), *The evolution of a training model for racial-cultural competencies.* Symposium conducted at the American Psychological Association Annual Convention, New York, NY.

EXHIBIT I

ADEYINKA M. AKINSULURE-SMITH, Ph.D., ABPP
[redacted]
New York, New York [redacted]
[redacted]
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PSYCHOLOGICAL EVALUATION

THIS INFORMATION IS CONFIDENTIAL

Name: Patricia LeBaron
Date of Birth: [redacted]
Gender: Female
Age: 57 years
Dates of Examination: 2/22/2023, 2/23/2023, and 2/24/2023
Date of Report: May 4, 2023

Identifying Information:

Ms. Patricia LeBaron is a 57-year-old single, cis-gender, heterosexual, White, Hispanic female who was charged with the following offenses: Her participation in 1988 in the murders of three former members of the religious group to which she belonged; and the child accompanying one of those victims. After a jury trial, the United States District Court for the Southern District of Texas, the Honorable Sim Lake, presiding, sentenced Ms. LeBaron to a term of life imprisonment for one count of aiding and abetting the tampering with a witness, in violation of 18 U.S.C. § 1512(a)(1)(C), related to the murder of the child; and for three counts of aiding and abetting the obstruction of the free exercise of religious beliefs, in violation of 18 U.S.C. § 247, related to the murders of the three former religious group members; an additional, consecutive term of five years' imprisonment for use of a firearm during a crime of violence, in violation of 18 U.S.C. § 924(c)(1); as well as lesser terms of imprisonment for other offenses of conviction. Ms. LeBaron has been incarcerated in various state and Federal Prisons since her arrest on July 2, 1988.

Reason for Referral:

Ms. LeBaron was referred for a psychological evaluation by her legal team. Specifically, a comprehensive review of her history that takes into consideration the advancements in the fields of neuroscience and psychology since her sentencing in 1993 was requested. The present report provides insight into the impact of the family, social environment, and polyvictimization on her development from early childhood through young adulthood in the areas of cognition, judgment, and reasoning that were not available at the time of Ms. LeBaron's sentencing.

Case Summary:

Patricia LeBaron grew up in an extremely toxic and chaotic environment that was devoid of a social support system or a network of stable, responsive relationships and caregivers with the financial, psychological and social resources to nurture and protect her. As a result of her

circumstances, from early on Ms. LeBaron struggled with a range of severe and relentless sociocultural hardships. These included being raised in series of oppressive, physically, emotionally, sexually, and verbally abusive unstable and toxic environments that were rife with domestic violence and educational neglect throughout her formative years. Ms. LeBaron's lack of sophistication, developmental immaturity, and chronic toxic stressors gave rise to poor decision-making skills leading to poor judgment that have likely contributed to her current situation and negatively impacted her life to date.

At the time of Ms. LeBaron's sentencing in 1993 for the commission of crimes committed in 1988 when she was 23 years of age, empirical data from the fields of neuroscience and psychology regarding brain development, the effects of cults, the impact of adverse childhood experiences had not been established, and as such were not available for consideration. Current research from these fields has repeatedly demonstrated the negative impact of polyvictimization on the biopsychosocial development of children and youth.

This report examines and discusses Ms. LeBaron's experiences in light of the current relevant literature and research in the field, highlighting the negative impact these factors had on her cognitive, emotional, and social development. This report also notes that despite having experienced many adverse challenges, Ms. LeBaron has since demonstrated the capacity to reflect deeply on her circumstances, her life, and her current situation during our sessions. Her recognition of her own responsibility and her investment in change was corroborated by her level of high engagement in each of our meetings. Ms. LeBaron's profound sense of guilt, remorse, and shame that she was unable to act differently and the impact of her actions were noted.

In my professional opinion, given these factors, Ms. LeBaron would be most amenable to continued rehabilitation in the community rather than a correctional facility. Particularly if she receives ongoing individual and group Trauma Focused Cognitive Behavioral Therapy (TF-CBT), therapeutic supportive services, and targeted mentoring.

Conditions of Evaluation:

My clinical, research, and teaching expertise are in the areas of severe psychopathology, trauma, and refugee/immigrant mental health. I was authorized to conduct a psychological evaluation of Ms. LeBaron on December 7, 2022. Although I reside and am licensed to practice in New York State and Ms. LeBaron resides in Texas, I applied for and was granted a Temporary License: NTLP-22-0070-17801 (06/02/2022-06/03/2023) by the Texas State Board of Examiners of Psychologists.

At the beginning of our first meeting on February 22, 2023, and the subsequent ones, I identified myself to Ms. LeBaron and then confirmed her name and date of birth. During each of our meetings, I discussed the limits of confidentiality of this Psychological Evaluation and advised her that I would share my findings with her legal team and submit a written report to be used at their discretion. On each occasion, Ms. LeBaron agreed to the condition that I approach this evaluation with no particular result in mind and that I would exercise independent

professional judgment in all aspects of this evaluation. She understood the limits of confidentiality and consented.

Sources of Information:

Data for this report were gathered during three extensive clinical interviews (approximately15 hours in total, over the course of three days) with Ms. LeBaron. The data compiled included a detailed life history of Ms. LeBaron, an extensive mental status exam, and a battery of self-report psychological measures. Our meetings were supplemented with in person interviews of three of her half-biological sisters (same father, different mothers) - Ms. Estephania LeBaron-Papanicolaou, Ms. Jenny LeBaron, and Ms. Bridget (Jessica) Shalom Chynoweth; and an online video interview of her full biological brother (same mother and father), Mr. Benjamin LeBaron. I conducted a meticulous review of 1006 pages of responsive records released by U.S. Department of Justice Federal Bureau of Prisons about Ms. LeBaron, and reviewed numerous peer-reviewed empirical articles and books from the fields of neuroscience and psychology (most are documented in the footnotes of this report). Finally, I carefully reviewed 14 letters about and in support of Ms. LeBaron written by her siblings and advocates.

Each source of information was considered in the writing of this report.

Background Information

Personal/Developmental History

Much has already been documented about Ms. LeBaron's life from birth until age 23 when she was arrested and incarcerated (in her records from the U.S. Department of Justice). So rather than repeat that information, for the purpose of this report, I will highlight the many adverse childhood experiences that Ms. LeBaron endured throughout her developmental years as these facts form the basis of the conclusions rendered in this report.

Patricia LeBaron was born to Maria de la Luz Vega de LeBaron and Ervil LeBaron on [redacted], in [redacted], Chihuahua, México. She is the third of five children in her immediate family. Ms. LeBaron's mother was the second of Mr. LeBaron's approximately 12 wives. It is estimated that Mr. LeBaron has over 50 children. Ms. LeBaron was raised in a splinter sect of the Church of Jesus Christ of Latter-day Saints - the Church of the First Born of the Lamb of God. Ms. LeBaron reported that although she spent time with her mother and siblings at the LeBaron compound, her earliest and happiest years were largely spent with her mother's family in Zaragoza, State of Coahuila, Mexico. At around age 5, Ms. LeBaron, along with her mother and siblings, were moved to the LeBaron compound permanently. Not too long after, at their father's directives, her immediate family (mother and siblings) along with the other family members (step-mothers and half-siblings) were moved to Ensenada, Baja California, Mexico where they lived in dire poverty for several years. During this time, Mr. LeBaron was incarcerated.

When Ms. LeBaron was around 10 years old, her mother was diagnosed with cervical cancer and had to go to Mexico City for medical treatment. With her mother gone (and her older sister, Elsa having been long since been married and sent to live with her husband in the U.S.), Ms. LeBaron was left to care for her younger siblings. Ms. LeBaron had only seen her father on a few occasions and the other mothers were caring for their own children. At a very young age, Ms. LeBaron had to do what she could within her very limited capacities to look after her younger siblings. When her mother returned from Mexico City, Ms. LeBaron became the primary caretaker, not only of her siblings but also her sick, and dying mother. Ms. LeBaron's mother died in September of 1976, leaving her, at age 11, overwhelmed and devastated.

Her mother's death opened a new chapter of chaotic and traumatic experiences for Ms. LeBaron. Immediately after her mother's death and burial, Ms. LeBaron and her younger siblings were trafficked from Mexico to San Bernadino, California in the U.S., and then separated - divvied up among their extended family. Ms. LeBaron was assigned to another of her father's wives, Lorna Chynoweth, to care for her children. Without her consent or any explanation, Ms. LeBaron would go on to be uprooted repeatedly and moved from place to place (Denver, Colorado; Salt Lake City, Utah; Phoenix, Arizona; San Antonio, Texas; Dallas, Texas) and passed around to various family members, forced to work for them in conditions she recalled as abject poverty and "slave labor."

When in 1984, at age 19, it was decreed that she (along with six of her half-sisters) should marry their half-brother, William Heber LeBaron, although she did not want to, Ms. LeBaron believed she had no choice and obeyed. When she conceived and gave birth a son named [redacted] on [redacted] 1986, who was "born wrong," she was devastated. To make matters worse, Ms. LeBaron was told by family members that the baby's deformities were her fault, and she began to believe that "God cursed me, because I didn't believe in the religion." The baby lived longer than the three months the doctors had originally expected and Ms. LeBaron spent many months in hospital with her sick baby. [redacted]
Ms. LeBaron was further devastated by the birth and death of this child.

As has been reflected in the documents reviewed, during these formative years – from early childhood through her late adolescence and into her early adulthood, Ms. LeBaron was force fed a steady diet of the family's religious beliefs, repeatedly warned to not to trust strangers, and lived in fear as she witnessed what happened to family members who went against the dictates of their religious beliefs (disappearance and death). On many occasions she heard men in the family making plans to kill other family members and learned of the deaths and disappearances of close family members (including her brother Jorge, step mothers, and other half-siblings).

With no one to turn to or to protect her, Ms. LeBaron experienced relentless emotional, physical, verbal, and sexual assault starting at age 14. Throughout her life, she was taught to follow and obey orders given to her without question. To question was viewed as challenging God's authority, and those who did, paid a price – a Blood Atonement. Taking lessons learned

from the sudden death of numerous siblings and "mothers" who either questioned orders or were viewed as physically or emotionally too weak, Ms. LeBaron learned to follow and obey.

Each interview conducted with Ms. LeBaron's siblings (and all the letters of support reviewed) served to corroborate her narrative. Although younger than Ms. LeBaron, each sibling reported similar experiences of being trafficked internationally (between Mexico and the U.S.) and nationally (across several states), separation from their biological mothers at a young age, assignment to other caregivers, forced labor under harsh conditions, ongoing sexual, physical, and verbal abuse, educational neglect, extreme religious brain washing, and a deep fear of outside authorities. The main difference between these siblings and Ms. LeBaron is that they were all younger, and she in her very limited capacity tried to be their protector.

Education History

Like many of the children in LeBaron family (as was confirmed during my meetings with her half-sisters and brother and documented in some of the letters of support by her half-siblings), Ms. LeBaron reported a history of extensive educational neglect. Because of the circumstances under which Ms. LeBaron was raised in and trafficked, she had very limited access to any formal education, except for a few brief intermittent stints (e.g., she reported approximately five months of 9th grade while living in Houston, TX). Despite these limitations, it is important to note that since her incarceration, Ms. LeBaron has not only pursued and earned her General Education Diploma (while incarcerated in Arizona in 1991), but she has taken numerous other courses (e.g., computer and art classes via Central Arizona College, etc.).

Employment History

Prior to her incarceration, Ms. LeBaron was forced to work within the confines of the LeBaron family – caring for the younger children, cleaning house, and then later on providing unpaid labor in the LeBaron family's various appliance-repair businesses. Since then, Ms. LeBaron has further developed her interpersonal and professional skills. She had the opportunity to work in a clerical position in a work-release program with the Arizona Department of Corrections for the Fleet Management Division of the Arizona Department of Public Safety, earning 50 cents per hour (February to May, 1992). In a letter dated March 4, 1993, her supervisor described her as "An excellent and conscientious worker with a can do attitude." During our sessions, Ms. LeBaron proudly recalled that experience as one that gave her a jarring sense of freedom (even though she was incarcerated). Given the lack of any opportunities to make choices or self-directed decisions in her life, this was the first time she was given the opportunity to "choose" to work and to do something she enjoyed.

Relationship History

Ms. LeBaron denied ever having had any romantic relationship. As reported in her background history, she was forced to "marry" her half-brother, William Heber LeBaron. She gave birth to a son, [redacted], in Plano, TX in [redacted] 1986. This unhappy union,

along with the birth of her son (who appears to have suffered from many birth defects [redacted]), served to further negatively impact her behavioral, cognitive, and emotional functioning.

Social History

While social connections and friendships are of special value and importance at all stages of life, within the toxic context of the LeBaron family, all outside relationships were forbidden. Ms. LeBaron and her siblings were taught to avoid and to be suspicious of any and all contact with anyone outside their family, especially law enforcement. These fears were confirmed by a number of negative interactions with Special Weapons and Tactics Units and served to re-enforce warnings that Ms. LeBaron and her siblings had received.

School settings are typically the places in which social connections are made and friendships are developed during childhood and adolescence. Such relationships are developed and often nurtured during this stage during the developmental years. Unfortunately, given the chronic educational neglect that Ms. LeBaron experienced, she did not have access to any social contacts or any alternate networks outside her family that might have served to mitigate the toxic environment that was her daily reality.

Substance Use History

Although she reported having experimented with marijuana, Ms. LeBaron denied a history of substance abuse or misuse.

Physical Health History

[redacted]

Mental Health History

Given the extremely toxic environment that Ms. LeBaron was born into and raised in, along with the myriad of repeated childhood traumas she withstood throughout her formative years, it is surprising that the only documentation and recognition of her extensive history of

adverse childhood experiences was in a 4½ page report by Larry M. Nahmias, M.D., P.A, dated May 21, 1993. His report drew on an interview that lasted approximately 2 hours on May 20, 1993. Dr. Nahmias noted:

> *I would like to start my report by saying this is the most thorough and complete indoctrination of an individual by a cult that I have come across in my almost 20 years of practicing medicine. As you know, I have worked with many persons who were members of Satanic cults and who have been victimized in all sorts of ways. Sadly, Patricia LeBaron, was born into the most bizarre and violent family situation that I have encountered*[1].

Dr. Nahmais' report captured Ms. LeBaron's experience of "a system of indoctrination and brainwashing based upon the fear of punishment and death," along with her being "shipped" to another family member and separation from her siblings immediately after her mother's death at age 11. He described repeated emotional, physical and verbal abuse, sexual molestation (both directly and witnessing), and the murder of siblings who spoke out – experiences that have been well documented to create extensive psychological trauma. Despite the multitude of childhood traumas that Dr. Nahmais remarked on in his report Ms. LeBaron, received remarkably limited mental health services during her incarceration. She vaguely recalled individual meetings over a two-year period, with a male mental health professional who taught her breathing techniques for coping.

On May 10, 1993 the Government submitted a motion for the court to reconsider its order of May 7, 1993, compelling a psychiatric evaluation to determine Ms. LeBaron's sanity and competence as of June 27, 1988. At that time, it was determined that "neither the defendant nor her attorney have provided any evidence of either insanity at the time or the offence of incompetency a the time of trial…" This request was granted and no evaluation was conducted.

Legal History

Until her current incarceration, Ms. LeBaron had not had any prior arrests or convictions reported or documented.

The Pre-Sentence Investigation Report prepared in connection with the sentencing in 1993 described how Patricia LeBaron, as part of the group of young adults in the LeBaron family under the leadership of her brothers, had an extensive involvement in various criminal enterprises. Those activities lead to convictions in Arizona state courts in 1990 for auto theft and in Illinois federal court in 1989 for use of false identification documents.

Behavioral Observations and Mental Status:

While the purpose of this evaluation was not to focus on Ms. LeBaron's current psycho-emotional functioning, I believe that it is important to make note of her behavior and mental

[1] Nahmias, L.M. (1993, May 21) Re: Patricia LeBaron

status during the course of our meetings. At the start of our first meeting, Ms. LeBaron and I were introduced to each other by Ms. Suzette Ermler, LMSW, Mitigation Specialist at Federal Defenders of the Southern District of Texas. Our meetings were conducted in a private conference room at the Joe Corley Detention Facility, 500 Hilbig Road, Conroe, TX 77301 over the course of three consecutive days.

Ms. LeBaron was of average height and build, with shoulder length greying hair. She presented as an alert, casually groomed, individual and was brought to each session wearing her institutional issued orange jumpsuit. Throughout our meetings, her left hand was shackled to her waist. With slightly accented English, Ms. LeBaron reported that she speaks fluent Spanish and can now communicate in English. She became fully conversant in English during the years of her incarceration. As such, all our sessions were conducted in English.

Ms. LeBaron entered our first meeting with some apprehension and was initially tearful. However, as our sessions progressed, she appeared relieved to have someone to talk to and relaxed. She spoke without hesitation and her speech was normal in rhythm and rate, clear, coherent and logical. As our discussions continued, Ms. LeBaron remained visibly relaxed and was cooperative throughout.

Ms. LeBaron's mental status was consistent across all our interviews. As her level of comfort grew, she offered spontaneous, detailed information about her life experiences and decision-making processes. During each of our sessions, she was extremely polite. Ms. LeBaron complied with all requests made of her and maintained appropriate eye contact. She was alert and aware of her surroundings. Her judgment and insight were good, as was her memory for remote and recent events in her life. Ms. LeBaron appeared to be within the average range of intellectual functioning and was able to remain on task during each of our meetings.

No impairments in reality contact were evident at any time. Ms. LeBaron denied experiencing any auditory hallucinations (such as hearing voices when nobody is present), paranoia, bizarre thoughts, or other psychotic symptoms. No delusional beliefs (false views that persist even in the face of contrary evidence) were elicited. Overall, her mood was thoughtful, and sad. Her affect was variable and appropriate to the content of our discussions. Ms. LeBaron adamantly denied all current aggressive impulses, including suicidal and homicidal ideation. She referred to her siblings as both protective and motivational factors in her life.

In all our meetings, Ms. LeBaron provided her personal history in an unrehearsed fashion with sufficient detail, consistency, logic and attention. As our sessions progressed, she demonstrated increased insight into her past experiences. Ms. LeBaron's responses to questions asked of her appeared to be free of any deliberate attempts to present a distorted picture.

Psychological Findings

A wide variety of symptoms are associated with childhood and adult interpersonal victimization (including mood disturbances[2], somatization[3], identity disturbance[4], difficulties in emotional regulation[5], insecure attachment[6], chronic interpersonal difficulties[7], dissociation[8], substance abuse[9], suicidal thoughts and behaviors[10], and tension reduction or externalizing activities[11]). In addition to the clinical interview, the following self-report instruments were used to provide an independent assessment, of Ms. LeBaron's history and the impact of her numerous adverse childhood experiences:

i) The Saint Louis University Mental Status (SLUMS[12]), an 11-question screening questionnaire that tests orientation, memory, attention, and executive function;
ii) The Mini-Mental State Examination (MMSE[13]), a simple pen-and-paper test of cognitive function that includes tests of orientation, concentration, attention, verbal memory, naming and visuospatial skills;
iii) The Adverse Childhood Experiences (ACE[14]), a 10-item instrument used to identify childhood experiences of abuse and neglect;

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iv) Modified Adverse Childhood Experience (MACE[15, 16]) Scale (Version 0.9), consists of 75 questions to retrospectively assess exposure to 10 types of adverse childhood experiences in adults, where each item is considered for each year of development until age 18;

v) Somatic Symptom Scale-8 (SSS-8[17]). The eight item SSS is a brief, patient-reported outcome measure of somatic symptom burden. These symptoms were originally chosen to reflect common symptoms in primary care but they are relevant for a large number of diseases and mental disorders.

vi) The Physician's Health Questionniaire-9 (PHQ-9[18]), a 9-item instrument for screening, diagnosing, monitoring and measuring the severity of depression;

vii) The Hopkins Symptom Checklist-25 (HSCL-25[19]), a 25-item instrument that consists of two subscales measuring depression and anxiety;

viii) The Life Events Checklist for *DSM-5* (LEC-5[20]), an instrument which assesses exposure to 16 events known to potentially result in PTSD or distress; and

ix) The PTSD Checklist–Civilian for *DSM-5* (PCL-C-5[21]), a 20-item measure evaluating the 20 DSM-5 symptoms of PTSD.

All these instruments have been used to assess mental health domains that are important across psychiatric diagnoses. In Ms. LeBaron's case, they are used to enhance clinician decision-making and along with a comprehensive mental status assessment, to assist in understanding her clinical history. These measures have been used widely in research and clinical settings to screen for and assess symptoms, and to make provisional diagnosis in a variety of populations. All have been shown to have strong psychometric properties. Ms. LeBaron willingly responded to each one in a reasonable amount of time.

[redacted]

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[redacted]

While the ACE scale is among the gold standard instruments for assessing adverse childhood experiences, it does have some shortcomings. One limitation is a narrow range of childhood adversities covered, such as the exclusion of bullying. Another example is restricting witnessing domestic violence to mothers and stepmothers, and excluding witnessing such behavior towards siblings. Another limitation is the low number of items, only 10, making it easier to apply in many circumstances but does not capture other critical ones. Finally, the ACE does not include information on timing and duration of exposure or of how exposure levels change across development. Given Ms. LeBaron's remarkably elevated ACE score, in order to gather a more nuanced sense of her childhood experiences, the Modified Adverse Childhood Experience (MACE) was administered. [redacted]

Ms. LeBaron reported having experienced many of the 10 different types of maltreatment captured by the MACE (Emotional Neglect, Non-Verbal Emotional Abuse, Parental Physical Maltreatment, Parental Verbal Abuse, Peer Emotional Abuse, Peer Physical Bullying, Physical Neglect, Sexual Abuse, Witnessing Interparental violence, Witnessing Violence to Siblings[24]).

[22] www.AcesTooHigh.com
[23] www.acestudy.org
[24] Teicher MH, Parigger A (2015) The 'Maltreatment and Abuse Chronology of Exposure' (MACE) Scale for the Retrospective Assessment of Abuse and Neglect During Development. PLoS ONE 10(2): e0117423. https://doi.org/10.1371/journal.pone.0117423

[redacted] These findings are also a testimony of not only what Ms. LeBaron experienced and what she witnessed, as well as her feelings of terror and helplessness during those formative years.

Since somatic symptoms are the core features of many medical diseases, and are used to evaluate the severity and course of illness, the Somatic Symptom Scale-8 (SSS-8) was administered to Ms. LeBaron. [redacted], Ms. LeBaron completed the Physician's Health Questionniaire-9 (PHQ-9). On the PHQ-9, a 9-item instrument for screening, diagnosing, monitoring and measuring the severity of depression; [redacted] Taken together, these scales indicate that Ms. LeBaron continues to experience significant depressive symptoms.

The Life Events Checklist for *DSM-5* (LEC-5) is intended to gather information about the potentially traumatic experiences an individual has had over the course of their life. There is no formal scoring protocol or interpretation per se, other than identifying whether a person has experienced one or more of the events listed. [redacted] Ms. LeBaron's current responses to the memories of events that happened so long ago underscore the extent of her terror during that time and how much those events continue to impact her today.

Emerging Research

Since Ms. LeBaron was arrested and incarcerated in 1989 there has been an explosion of scientific research that has appeared in high impact, peer reviewed journals stemming from the fields of neuroscience (brain development) and psychology (childhood trauma and cults). This research now offers critical insight into the impact of trauma and adverse experiences on the individual's biopsychosocial development and subsequent socio-emotional functioning.

Adolescent Brain Development

Patricia LeBaron was 23 at the time of the events that led to her conviction. Given that a significant portion of brain growth and development occurs from 18-25, it is important to recognize and understand that the growth and development in the adolescent brain involves the

construction and strengthening of regional neurocircuitry and pathways - in particular, the brain stem, cerebellum, occipital lobe, parietal lobe, frontal lobes (involved in movement control, problem solving, spontaneity, memory, language, initiation, judgment, impulse control, and social and sexual behavior).

Empirical studies conducted over the past 30 years in the field of neuroscience have demonstrated that the human brain is not mature at age of 18, but that it continues to develop into the third decade of life[25]. Current research has demonstrated that a) the structure of the brain continues to develop across adolescence and b) the brain does not reach maturity in its structural form until at least the mid-twenties[26, 27]. Much of this research uses a technique called Magnetic Resonance Imaging (MRI) to examine the brain's structure (anatomy) and function at different ages. Because MRI is a safe and effective method to measure the brain's function and structure, neuroscientists can measure the brain in the same individual multiple times during their life. Having multiple MRI measures of an individual's brain-much like having multiple measures of an individual's height-allows neuroscientists to draw conclusions about the development of the brain.

Neuroscience research has led to the identification of a specific region of the brain called the amygdala that is responsible for immediate reactions including fear and aggressive behavior. This region develops early. However, the frontal cortex, the area of the brain that controls reasoning and helps us think before we act, develops later. This part of the brain is still changing and maturing well into adulthood. Other changes in the brain during adolescence include a rapid increase in the connections between the brain cells and making the brain pathways more effective. Nerve cells develop myelin, an insulating layer that helps cells communicate. All these changes are essential for the development of coordinated thought, action, and behavior. Changing brains mean that adolescents act differently from adults. Pictures of the brain in action show that adolescents' brains work differently than adults when they make decisions or solve problems. Their actions are guided more by the emotional and reactive amygdala and less by the thoughtful, logical frontal cortex.

Current research has identified several ways in which the developing brain in adolescence differs from the brains of adults. The main difference is that the adolescent brain is more capable of change than the adult brain[28]. Experience is expected to have a greater impact on the adolescent brain than an adult's brain. Developmental researchers have long identified

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adolescence as a period of malleability and growth for processes such as forming one's personal identity[29], learning how to navigate increasingly complex social relationships[30], delaying gratification[31, 32], as well as achieving mastery in new languages and skills. What neuroscience research has now revealed is that the structure and function of the brain during adolescence differs from adults in a way that reflects these behavioral and cognitive differences.

Adolescence may represent a sensitive period for areas of the brain involved in socialization and complex cognitive processes. Areas of the brain involved in understanding the mental states (thoughts, feelings, desires) of others undergo profound changes in adolescence. These include areas in the frontal, parietal, and temporal cortex[33]. Adolescence is also a time of increased integration of social information processing and cognitive control systems[34, 35]. The prolonged development of these neural systems reflects a level of plasticity in adolescence, where experience can impact the development of these systems and their functions. Experiences inform the brain of which connections to keep and strengthen, and which connections to eliminate due to disuse. Because the areas of the brain involved in understanding people and navigating our social world are still developing into the early twenties, the kinds of social contexts and experiences we are exposed to at this time can have an impact on the resulting neural architecture of the mature brain. Because the brain stops being as malleable as one progresses into adulthood, the environment will not have as large of an impact on the brain as it does during development. On average, adolescents are less able to inhibit behavior under emotionally charged contexts, as compared to adults. Several studies have reported differences in how adolescents respond in emotionally-charged or social contexts, such as situations that involve peers or a potential reward, as compared to contexts without these factors[36, 37].

One reason why adolescents might respond differently in these emotionally-charged situations is that these situations might evoke neural signals that are not as easily modulated

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given the continued development of the brain during this time[38]. Models of adolescent brain development posit that weak regulatory connections between frontal areas of the brain involved in cognitive control to subcortical areas involved in processing affect and reward might increase the likelihood of observing less inhibitory control in emotionally-charged contexts[39, 40, 41]. When asked to make a choice between taking an immediate reward versus waiting to obtain a larger reward, adolescents with stronger connections between regions of the brain involved in cognitive control and reward valuation are more likely to choose to wait for larger reward[42]. These studies demonstrate that temporal decision making (e.g., comparing short-term vs. long-term outcomes) is related to how the brain is developing during adolescence.

For individuals like Ms. LeBaron who have experienced such prolonged and intense childhood trauma,

> *A preponderance of empirical evidence suggests that chronic childhood trauma is associated with attachment impairments, behavioral control, interpersonal issues, limit setting, establishing healthy boundaries, poor cognitive skills, and high-risk behaviors[43].*

As stated earlier in this report, research findings in the past several years have provided evidence that the brain continues to develop throughout childhood, adolescence, and into early adulthood. In fact, the brain does not complete its development until the early 20s and, perhaps, not until about age 25[44]. Since early childhood, Ms. LeBaron, had experienced the type of trauma that would prevent adequate development of the frontal areas of the brain involved in cognitive control and social information processing. Empirical studies of children who have undergone traumatic experiences have led researchers to recognize that "Childhood trauma interferes with the normal development of the brain[45]."

Furthermore, in Ms. LeBaron's case, the entire period of true malleability and plasticity coincided with the trauma that would prevent appropriate development of key brain functions. By the age of 23, therefore, when the developmental processes would be coming to their

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concluding stages, the trauma would have formed her brain connections in ways that could be expected to have influenced these outcomes: poor independent decision making, lack of social information processing, lack of cognitive control.

> *The gray matter in the lateral region of the prefrontal cortex is responsible for executive functions such as controlling impulses, reasoning, and making decisions. Interestingly, the prefrontal cortex is one of the last regions of the brain to mature*[46].

Impact of Early Childhood Adverse Experiences

Through the emerging research in this field, we now know that early adversity can impact the brain 's development, it's structure and functioning, predisposing some individuals to maladaptive functioning in certain domains[47]. The human brain 's prolonged course of development not only reflects a long period of juvenility, but also a long period of malleability. Environmental factors, and experiences, can impact the course of the brain's development. adverse experiences, including neglect, poverty, and abuse, have demonstrable effects on the developing brain[48, 49]. Recent research has found that the impact of harsh conditions on brain development varies by type of adversity, as well as when the experience of adversity occurs[50, 51]. For example, children growing up in poverty may demonstrate slower brain development in early years, as compared to children growing up with more resources[52]. Adverse experiences that can be characterized as threatening or causing harm, such as physical and sexual abuse, are associated with alterations in neural systems involved in threat detection and learning, salience processing, and emotion regulation[53]. Adverse experiences that can be characterized as depriving a child of expected experiences, such as neglect, are associated with alterations in neural systems involved in cognitive control and reward processing[54].

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Through current research, we now understand that individuals, like Ms. LeBaron who experience early adversity are at increased risk for developing mental health disorders[55]. This increased risk is posited to be related to the impact of early life adversity on brain development[56]. Early life adversity has been found to relate to alterations in brain functioning, which in turn predicted more internalizing psychopathology symptoms in adolescence[57]. The Stress Acceleration hypothesis proposes that experiences of stressful events in early life can hasten the development of neural systems involved in emotional learning and reactivity and, in turn, increase the likelihood for developing mental health disorders such as anxiety[58]. However, there is likely a genetic component as well to observed differences in brain development for individuals with mental health disorders. Individuals with a genetic predisposition to developing a mood disorder such as bipolar disorder demonstrate slower structural brain development in adolescence and young adulthood, as compared to individuals without genetic predisposition[59].

Having said this, subsequent research on ACE scores has demonstrated that individuals with multiple ACEs have more psychological and mental health issues including depression, anxiety, post-traumatic stress disorder, eating disorders, insomnia, substance abuse, and conduct disorder[60, 61, 62, 63].

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Religious Cults

> *A cultic system is formed and controlled by a charismatic authoritarian leader or leadership body. It is a rigidly bounded, steeply hierarchical, isolating social system, supported and represented by a total, exclusive ideology. The leader sets in motion processes of coercive persuasion (also known as "brainwashing"), designed to isolate and control followers.*[64]

Although research on cults has begun to receive more attention from the scientific community in recent years[65], the empirical data on the influence of cults experiences on individual is still in its very beginnings. While there are only a few studies focused on children raised in cults, the findings of those studies – many which are consistent with Ms. LeBaron's traumatic history, highlight many significant concerns, including:

> *Lack of an appropriate, consistent caretaker; lack of healthy attachment to appropriate caretaker; lack of adequate medical care; isolation; physical abuse; physical neglect; sexual abuse; educational neglect; lack of intellectual stimuli; unrealistic expectations that children participate in adult activities, such as meditation, fasting, sexual activity; and suppression of developmental tasks*[66].

Research findings have noted early experiences of isolation and control within the communities as their main environment of development and socialization tend to be more influential on children than on adults[67]. Adult joiners have an established personality before entering a cult and at least have the possibility to return to a former self after leaving. This is in contrast to the personalities of children born and raised in those groups who are influenced and shaped by early cult experiences[68]. Besides the fact that such children, like Ms. LeBaron, are usually raised in rigid structures within the groups including extensive control of relationships and contact to the outside world[69], they also grow up under adverse familial conditions. Some of them are characterized by impaired familial relationships and diffuse family structures caused by unclear boundaries with the communities or the physical separation of the children from their parents[70].

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[69] Stein, A., & Russell, M. (2016). Attachment theory and post-cult recovery. Therapy Today, 27(7), 18–21.
[70] Goldberg, L. (2006). Raised in cultic groups: The impact on the development of certain aspects of character. Cultic Studies Review, 5(1), 1–28

In addition, children in cults are vulnerable to becoming victims of mental, physical, and sexual abuse[71]. Possible early traumas may have a negative influence on the brain development[72] and high prevalence of PTSD among cult members[73]. Among other challenges, disadvantage in education and impaired relationships with their parents were found to be common issues[74]. Furthermore, those commonalities include a low sense of identity, a lack of self-esteem, and a strong dependence on others [75, 76]. A recent study found that growing up in a family belonging to a cult is often associated with serious restrictions, burdens and even traumatization that in later in life may lead to the development of self-esteem problems, mental disorders, and difficulties in intimate relationships[77].

In interviewing adults born and raised in cults, Funari (2005) noted that for many like Ms. LeBaron and her siblings, in addition to the fact that "*Children are often forced to participate in rituals that are not age-appropriate*;" and "*shame and doubt interfere with development of autonomy or the belief that it's okay to think and feel for oneself*[78]." Ms. LeBaron and her siblings are examples of the ways in which such experiences decrease cognitive ability to distinguish between socially acceptable behavior outside the context of the cult by fostering dependence. Furthermore, such "lack of autonomy" makes it very difficult for developing young person to distinguish/understand what socially acceptable behavior is, outside the context of the cult[79].

Polyvictimization

Even though extensive research has now focused on the adverse impact of specific types of childhood victimization (e.g., sexual, physical or emotional abuse, and neglect; family and community violence[80]), increasingly clinicians and researchers have identified a particularly high-risk sub-group of children and youth who have been exposed to several types of

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[71] Matthews, C. H., & Salazar, C. F. (2014). Second-generation adult former cult group members' recovery experiences: Implications for counseling. International Journal for the Advancement of Counselling, 36(2), 188–203.

[72] Furnari, L. (2005). Born or raised in high-demand groups: developmental considerations. ICSA E-newsletter, 4(3)

[73] Rosen, S. (2014). Cults: A Natural Disaster--Looking at Cult Involvement Through a Trauma Lens. *International Journal of Cultic Studies*, *5*.

[74] Lalich, J., & McLaren, K. (2018). Escaping Utopia. Growing up in a cult, getting out, and starting over. New York, NY: Routledge.

[75] Goldberg, L. (2006). Raised in cultic groups: The impact on the development of certain aspects of character. Cultic Studies Review, 5(1), 1–28

[76] Stein, A., & Russell, M. (2016). Attachment theory and post-cult recovery. Therapy Today, 27(7), 18–21.

[77] Kern, C., & Jungbauer, J. (2022). Long-term effects of a cult childhood on attachment, intimacy, and close relationships: Results of an in-depth interview study. *Clinical Social Work Journal*, 1-11.

[78] Furnari, L. (2005). Born or raised in high-demand groups: developmental considerations. ICSA E-newsletter, 4(3)

[79] Ibid

[80] D'Andrea, W., Ford, J. D., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. American Journal of Orthopsychiatry, 82(2), 187–200. doi:10.1111/ j.1939-0025.2012.01154.x

victimization[81]. These individuals often continue to experience additional victimization[82], as well as severe and persistent biopsychosocial impairment[83, 84, 85]. *Polyvictimization* is a term that has been used to describe exposure to multiple types of victimization[86]. We now understand that *Polyvictimization* during formative developmental periods[87] may have a severe and potentially lifelong biopsychosocial impact[88, 89, 90], over and above the effects of exposure to specific types of traumatic stressors and interpersonal adversity[91].

The National Survey of Children's Exposure to Violence (NatSCEV) was the first comprehensive national survey to look at the entire spectrum of children's exposure to violence, crime, and abuse across all ages, settings, and timeframes[92]. Drawing from a cross-sectional national telephone survey involving a target sample of 4,549 children and youth conducted between January and May 2008, NatSCEV participants included youth ages 10 to 17. While these participants were interviewed about their own experiences, the parents or other primary caregivers of children ages 9 and younger, provided information about the younger children[93, 94]. Interviewers asked the children or their caregivers about their exposure to selected types of violence, crime, and abuse in the past year and over their lifetimes. In addition, interviewers

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[81] Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007a). Poly-victimization: A neglected component in child victimization. Child Abuse & Neglect, 31(1), 7–26.

[82] Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007b). Re-victimization patterns in a national longitudinal sample of children and youth. Child Abuse and Neglect, 31(5), 479–502.

[83] Ford, J. D., & Delker, B. C. (2018). Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue. *Journal of Trauma & Dissociation*, *19*(3), 275-288.

[84] Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. Child Abuse & Neglect, 33, 403–411.

[85] Turner, H. A., Shattuck, A., Finkelhor, D., & Hamby, S. (2016). Polyvictimization and youth violence exposure across contexts. Journal of Adolescent Health, 58(2), 208–214.

[86] Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007a). Poly-victimization: A neglected component in child victimization. Child Abuse & Neglect, 31(1), 7–26.

[87] Grasso, D. J., Dierkhising, C. B., Branson, C. E., Ford, J. D., & Lee, R. (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. Journal of Abnormal Child Psychology, 44(5), 871–886. doi:10.1007/s10802-015-0086-8

[88] Andersen, J. P., Hughes, T. L., Zou, C., & Wilsnack, S. C. (2014). Lifetime victimization and physical health outcomes among lesbian and heterosexual women. PLoS One, 9(7), e101939.

[89] Charak, R., Byllesby, B. M., Roley, M. E., Claycomb, M. A., Durham, T. A., Ross, J., ... Elhai, J. D. (2016). Latent classes of childhood poly-victimization and associations with suicidal behavior among adult trauma victims: Moderating role of anger. Child Abuse & Neglect, 62, 19–28.

[90] Hovens, J. G., Giltay, E. J., Spinhoven, P., van Hemert, A. M., & Penninx, B. W. (2015). Impact of childhood life events and childhood trauma on the onset and recurrence of depressive and anxiety disorders. Journal of Clinical Psychiatry, 76(7), 931–938. doi:10.4088/JCP.14m09135

[91] Hamby, S., Smith, A., Mitchell, K., & Turner, H. A. (2016). Poly-victimization and resilience portfolios: Trends in violence research that can enhance the understanding and prevention of elder abuse. Journal of Elder Abuse and Neglect, 28(4–5), 217–234.

[92] Finkelhor, D., Turner, H., Hamby, S. L., & Ormrod, R. (2011). Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. *National survey of children's exposure to violence*.

[93] Finkelhor, D., Turner, H.A., Ormrod, R., and Hamby, S.L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. Pediatrics 124(5):1–13

[94] Finkelhor, D., Turner, H.A., Ormrod, R., Hamby, S.L., and Kracke, K. (2009). Children's Exposure to Violence: A Comprehensive National Survey. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

asked follow up questions about the perpetrator; the use of a weapon; injury; and whether multiple incidents of violence, crime, and abuse occurred together. A total of 51 victimization items were extracted in the following categories: assaults, bullying, sexual victimization, child maltreatment by an adult, and witnessed and indirect victimization.

Among the key findings: 8 percent of all youth in the nationally representative NatSCEV sample had seven or more different kinds of victimization or exposures to violence, crime, and abuse in the past year. These polyvictimized youth had a disproportionate share of the most serious kinds of victimizations, such as sexual victimization and parental maltreatment. They also had more life adversities and were more likely to manifest symptoms of psychological distress. Polyvictimization tended to persist over time. It was most likely to start near the beginning of grade school and the beginning of high school, and was associated with a cluster of four prior circumstances or pathways: living in a violent family, living in a distressed and chaotic family, living in a violent neighborhood, and having preexisting psychological symptoms. A recent study revealed that "*the greater the number of developmental periods in which adolescents were classified as polyvictims, the greater the severity of PTSD, externalizing problems, and internalizing problems*[95]."

Diagnostic Considerations

Given the extensive polyvictimization (the multitude of traumatic experiences) Ms. LeBaron encountered during her early developmental years and beyond (even documented by Dr. Nahmias), it is surprising that she was never evaluated for what we now know to be Complex Posttraumatic Stress Disorder (Complex PTSD).

Complex PTSD

The diagnosis of "classic" PTSD was first introduced by the American Psychiatric Association (APA) in the DSM-5 in 1980. This clinical presentation was first observed in combat veterans and originally referred to as "shell shock" in 1915. From that point until 1974 most of the research on traumatic reactions focused on its effects on White males and on victims of circumscribed traumatic events, primarily combat, natural disasters and rape[96].

Classic PTSD, as it appears now in The *Diagnostic and Statistical Manual of Mental Disorders-5th Edition Text Revision*[97] (DSM-5-TR) defines the qualifying trauma criterion for PTSD as "exposure to actual or threatened death, serious injury, or sexual violence" (among a plethora of extremely distressing experiences, Ms. LeBaron identified numerous traumatic experiences). Symptoms of classic PTSD are grouped into four categories: (a) intrusive and

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[95] Dierkhising, C. B., Ford, J. D., Branson, C., Grasso, D. J., & Lee, R. (2019). Developmental timing of polyvictimization: Continuity, change, and association with adverse outcomes in adolescence. *Child abuse & neglect*, *87*, 40-50.

[96] Horwitz, A.V. (2018). PTSD: A short history. JHU Press.

[97] American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.)

distressing recollections of the traumatic events; (b) persistent avoidance of the stimuli associated with the trauma and numbing of general responsiveness; (c) negative alterations in cognitions and mood associated with the traumatic event; and (d) marked alterations in arousal.

However, several years later, clinicians began to observe a somewhat different trauma-related psychological presentation in individuals who had experienced exposure to repeated traumatic experiences, such as neglect/abandonment, witnessing violence, or being physically or sexually abused, and often occurring during developmentally vulnerable times in someone's life, especially early childhood or adolescence. In addition, this clinical presentation was also observed in individuals being exposed to a stressor for a prolonged period of time. As a result, in 1992, the concept of *Complex Trauma* was introduced[98]. Not everyone within the field of psychiatry agreed that there was enough research to support Complex PTSD as a different clinical entity.

This diagnosis was not introduced in the last edition of the DSM published in 2013, despite the advocacy of several research groups. However, the DSM extended the symptoms that are part of classic PTSD to include symptoms often seen in the Complex form, including reckless or self-destructive behavior. In addition, it added "associated features" of the diagnosis, recognizing that, "following prolonged, repeated…traumatic events, individuals experience difficulties in regulating emotions or maintaining stable relationships, or dissociative symptoms."

After the accumulation of more research data around the world in support of Complex PTSD, the World Health Organization introduced this diagnosis in its last edition of the International Classification of Diseases (ICD-11)[99]. This new diagnosis describes the trauma-eligible event as "exposure to a stressor typically of an extreme or prolonged nature and from which escape is difficult or impossible." The diagnosis includes three groups of symptoms of classic PTSD (re-experiencing, avoidance, and alterations in arousal,) in addition to what has been referred to as Disturbances in Self-Organization (DSO), which include the following psychological features that are pervasive and not bound to any one specific trauma-related stimuli:

(a) Affective Dysregulation - marked by heightened emotional reactivity, violent outbursts, impulsive or reckless behaviors and dissociation,
(b) Disturbances in Self (defeated/diminished self) - marked by feeling diminished, defeated and worthless, feelings of shame, guilt, or despair, and
(c) Disturbances in Relationships - marked by difficulties in feeling close to others, having little interest in relationships or social engagement more generally, feeling detached from others.

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[98] Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress, 5*(3), 377-391.

[99] Cloitre, M., Hyland, P., Bisson, J. I., Brewin, C. R., Roberts, N. P., Karatzias, T., & Shevlin, M. (2019). ICD-11 posttraumatic stress disorder and complex posttraumatic stress disorder in the United States: A population-based study. *Journal of Traumatic Stress, 32*(6), 833-842.

Despite the documented knowledge that Ms. LeBaron had endured a multitude of traumatic events throughout her formative years, no efforts were made to provide her with mental health services after she was incarcerated. While there are very limited available records, behavioral observations, and clinical interviews provide strong concurrent evidence of a diagnosis of PTSD, and more specifically Complex PTSD. As prominent researchers in the field have highlighted, "Among traumatic stressors occurring in childhood, sexual and physical abuse by caregivers were identified as events associated with risk for CPTSD…Adverse childhood events were associated with both PTSD and CPTSD, and equally so.

Individuals with CPTSD reported substantially higher psychiatric burden and lower levels of psychological well-being compared to those with PTSD and those with neither diagnosis."[100]. Unfortunately, such have been Ms. LeBaron's life experiences. Although given Ms. LeBaron's history of early, repeated, and interpersonal traumas, that were exacerbated or intensified by the additional later traumas of threats, being forced to marry and have intimate sexual relations with her brother and bear a child (born with deformities and [redacted]), and the death of that child, the administration of a measure that is limited to PTSD or some other single symptom or syndrome is unlikely to be sufficient to form an accurate or comprehensive clinical view of her over 34 years later.

Conclusions

During the present evaluation Ms. LeBaron cooperated with all aspects of the clinical interviews, answered all questions, and appeared genuine in her presentation (i.e., she did not attempt to exaggerate or feign impairment). This suggests that overall, the results of this evaluation represent a valid and accurate presentation of her past experiences and level of current functioning. Ms. LeBaron's past experiences and observations of her mental status during this evaluation are highly indicative of a history of significant psychological injuries that have created a sense of heightened vulnerability. Her growing investment in the journey toward her own rehabilitation was noted by her preparedness in each of our subsequent meetings, and her profound sense of guilt, remorse, and shame regarding the events that led to her incarceration.

It is well documented throughout the literature that exposure to prolonged, frequent, and repeated neglect, physical and/or emotional abuse can lead to dysregulated responses to stress and considerably increase lifetime risks for physical and mental disorders[101]. So-called "toxic stress" exposure has lasting consequences for lifelong behavior, learning and health. Understanding the impact of toxic stress early in life and across the life course has been a central focus of a great deal of research related to early trauma and neglect.

[100] Ibid, p. 833
[101] Nelson, C. A., Bhutta, Z. A., Harris, N. B., Danese, A., & Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life. *bmj*, *371*.

It is important to acknowledge that not all stress is bad stress. In fact, some degree of stress in life is normal and helps children learn necessary coping skills[102]. Even when stress manifests itself in more significant forms, like a frightening accident, or event in the school or community, key attachment figures play a role in helping children manage stressors. However, in some cases, like Ms. LeBaron's, key attachment figures are not available to the child, or are so impaired that they are unable to provide the needed protection when frightening events occur. In the worst cases, as witnessed throughout Ms. LeBaron's formative years, adults and other caregivers were responsible for the chronic abuse and neglect.

Throughout her life, Ms. LeBaron's experiences and background contributed to undermining her sense of safety, security, and stability. In short, Ms. LeBaron has suffered from a toxic environment with insufficient protective factors to mitigate the extensive toxic stressors that she encountered. As has been highlighted throughout this report, Ms. LeBaron faced relentless, severe, frequent, sustained physical and psychological abuse, experienced and witnessed extensive adversities, all while being raised in a severely dysfunctional family system that was unable to help her with basic survival needs. She endured food insecurity, unstable housing and lacked a safe environment. For this individual, all of these factors left her with chronic instability, social isolation, distress and an overwhelming sense of powerlessness in her life.

Since the seminal work of Felliti, Anda and colleagues[103], it is increasingly acknowledged that adverse childhood experiences are central risk factors for a broad spectrum of mental disorders including mood disorders, suicidality, post-traumatic stress disorder, personality disorders, substance use disorder, and psychosis[104, 105, 106, 107]. These findings have stimulated research on psychological and biological trajectories of adverse childhood experiences. Common sequelae include increased sensitivity to stress, diminished self-esteem, aberrant cognitive functioning, dissociation, and interpersonal problems. This large and growing body of research highlights the negative, lasting effects of ACEs on health, wellbeing, and opportunity. These exposures have been noted to disrupt healthy brain development, affect social

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[102] Scientific Council, N. (2014). Excessive stress disrupts the development of brain architecture. *Journal of Children's Services*, *9*(2), 143-153.

[103] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

[104] Larsson, S., Andreassen, O. A., Aas, M., Røssberg, J. I., Mork, E., Steen, N. E., ... & Lorentzen, S. (2013). High prevalence of childhood trauma in patients with schizophrenia spectrum and affective disorder. *Comprehensive Psychiatry*, *54*(2), 123-127.

[105] Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. *PLoS medicine*, *9*(11), e1001349.

[106] Nanni, V., Uher, R., & Danese, A. (2012). Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: a meta-analysis. *American Journal of Psychiatry*, *169*(2), 141-151.

[107] Lippard, E. T., & Nemeroff, C. B. (2020). The devastating clinical consequences of child abuse and neglect: increased disease vulnerability and poor treatment response in mood disorders. *American journal of psychiatry*, *177*(1), 20-36.

development, compromise immune systems, and lead to substances misuse and other unhealthy coping behaviors.

As underscored by the Centers for Disease Control and Prevention, "ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential"[108]. Additional research has indicated that children with a history of ACE exposures are at increased risk for becoming involved in crime and violence, using drugs, and engaging in other health-compromising behaviors[109, 110]:

> *…not only with increased risk for suicidality during adolescence but also self-mutilatory behaviors and interpersonal violence-related outcomes: delinquent behaviors, bullying, physical fighting, dating violence, and weapon-carrying on school property…*[111].

Furthermore, ACEs have been observed to have far-reaching consequences across the lifespan. For Ms. LeBaron, these factors were compounded by being raised in a cult where obedience, and unquestioning loyalty were part of the expectations and disobedience was punished with threats and death. Ms. LeBaron's dire situation, lack of social network, friends, or mentors left her isolated and vulnerable, with severely limited options.

In my professional experience, the events of Ms. LeBaron's life and her upbringing, along with her exposure to polyvictimization demonstrate the manner in which chronic childhood adversity compounded by a toxic environment can tip an individual's developmental trajectory, rendering them at risk for a myriad of difficulties. From her childhood through her adolescence and into her early adulthood, Ms. LeBaron experienced extensive toxic stress, which manifested itself primarily in internalizing problems (those rooted in distress emotions, such as sadness and fear) characterized by anxious and depressive symptoms, that affected her internal world. Unfortunately, due to the abusive and neglectful behaviors of her primary caretakers, those surrounding her and her environment, none of these problems were formally evaluated or addressed in a healthy or constructive manner.

As a licensed psychologist who provided mental health services to children in foster care, and has worked with hundreds of survivors of armed conflict, torture, and human rights abuses from all over the world at the Bellevue Program for Survivors of Torture for over 25 years, I have observed a similar pattern of symptoms and diagnoses in the hundreds of people I have

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[108] https://www.cdc.gov/violenceprevention/aces/fastfact.htmlhttps://www.cdc.gov/violenceprevention/aces/fastfact.html

[109] Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), e778-e786.

[110] Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child abuse & neglect*, *46*, 163-173.

[111] Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), e778-e786.

worked with. The majority of whom have presented with extensive traumatic experiences and symptoms similar to those that I have documented in Ms. LeBaron's life.

Recommendations

Ms. Patricia LeBaron is a 57-year-old, cis-gender, White, Hispanic female. She has struggled with a range of sociocultural hardships, including a history of extensive adverse childhood experiences due to being raised in an extremely toxic environment. She has suffered multiple traumatic life events, creating feelings of powerlessness that have interfered with her daily functioning, detrimentally impacting her mental health and decision-making abilities throughout her life. Until now, Ms. LeBaron's stressors have gone unacknowledged. As a result, she never received the targeted treatment necessary to address the multiple adversities she has experienced.

In the absence of key economic and relational resources to support her physical and emotional health and development, Ms. LeBaron has demonstrated a number of critical strengths that suggest a likelihood to respond positively to rehabilitation. These assets include intellectual capacity and the ability for continued education and skilled work, motivation for improvement, and a sense of self-awareness. She also displays insight and maturity. Finally, Ms. LeBaron demonstrated a deep awareness of the factors that contributed to her offending behavior. Throughout our meetings, she seemed sufficiently motivated to take constructive action. Even though there are limited activities available to her while incarcerated, she occupies herself with constructive pursuits whenever possible.

At this stage in her development nothing can be done to prevent ACEs and their associated harms. However, actions can be taken to mitigate the impact of the ACEs Ms. LeBaron has experienced. Current literature in the field points to a few factors that have been found to alleviate the long-term impact of ACEs. This includes creating and maintaining safe, stable, nurturing relationships and environments for individuals impacted by polyvictimization. It is possible that a healing, supportive, structured environment, with a predicable routine in the community may work to help Ms. LeBaron identify resources and build on them to counteract the effects of the adversities she has encountered.

During our meetings, Ms. LeBaron's siblings spoke of the ways in which ongoing psychotherapy has helped facilitate their mental health healing journey. In fact, one of her siblings documented the impact of psychotherapy on her healing journey in her autobiography[112]. Like them, Ms. LeBaron would benefit from therapy, specifically individual Trauma Focused Cognitive Behavioral Therapy (TF-CBT)[113], a form of psychotherapy that specifically focuses on the impact of trauma by incorporating psychoeducation, relaxation skills, Affective modulation skills, cognitive coping skills, trauma narrative and cognitive processing of the traumatic event(s), combined with social skills training aimed at improving her social skills. In order to

[112] LeBaron, A. (2017). *The Polygamist's Daughter*. Tyndale House Publishers.
[113] Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment, 28*(3), 381-392.

support Ms. LeBaron's motivation to make significant changes and gains in her life, and to assist her in continuing to move in a positive direction, access to a strengths-based therapeutic approach would help her continue to make the necessary positive changes in her life. Especially if it is one that intentionally utilizes Ms. LeBaron's skills, traits, and patterns of thought and behavior that are positive for her benefit, as well the larger society, and views her as resourceful and resilient in the face of adversity.

Additionally, a strengths-based approach would encourage Ms. LeBaron to consider her actions carefully, avoid unhealthy high-risk environments, pursue educational/vocational opportunities, and set realistic goals. In turn, this would encourage independence and self-control. Along with individual TF-CBT, group therapy is also recommended because it promotes socialization and communication and also allows participants to develop a sense of belonging by seeing that they are not alone. For Ms. LeBaron, sharing and being supported by other group members can offer a healing and supportive space in which she can share, and learn additional techniques to improve cognition and relational skills. This helps her to cope with intermittent traumatic memories that can be overwhelming.

The above forms of treatment, in combination with opportunities to engage in further educational and professional pursuits, would facilitate Ms. LeBaron's development of effective life skills. Ms. LeBaron would also benefit from ongoing access to ongoing therapeutic support (via a case manager, social worker, or therapist), within the community/therapeutic setting. Their primary task would be to provide her with the necessary tools to address her past, and help her find a constructive path forward. Finally, although she only has a limited support network, Ms. LeBaron has demonstrated the capacity to build positive connections with others. Another consideration to help Ms. LeBaron develop socially would be access a caring mentor(s), since she has lacked significant mentors and positive role models in her life.

Ms. LeBaron's general disposition and personality shows that she is likely to have a good treatment response. Currently she takes great pride in the fact that she has immersed herself in constructive activities (including further education, reading, art, assisting other inmates) whenever possible. She wants to participate in whatever opportunities are available to help her move forward with the remainder of her life in a constructive manner. Overall, she has a positive prognostic treatment outlook. Ms. LeBaron is surrounded by loving, supportive siblings who want to be involved in her treatment and rehabilitation and are willing to do whatever they can to help her.

It was a pleasure to meet with Ms. LeBaron and members of her family. Please feel free to contact me with any additional questions.

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